

# THE HEALTH AND SOCIAL SERVICES OF DORSET



## ANNUAL REPORT of the County Medical Officer of Health for the year 1959

A. A. LISNEY, M.A. M.D., D.P.H.,

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## FOREWORD

From a study of the statistics given in this report it will be seen that the health of the county continues to be satisfactory.

### *Vital Statistics*

The live birth rate of 14.6 approximates closely to the corresponding figure for 1958 and continues to be appreciably lower than the rate for England and Wales.

On the other hand the death rate, which also remains much the same as in the previous year, is slightly higher than the national average no doubt due to the relatively high proportion of elderly persons residing in the county.

The infant mortality rate of 17.4 shows a slight decline on that for the previous year and is considerably less than the corresponding figure of 22.0 for England and Wales.

Although the number of deaths from cardio-vascular lesions fell from 15.7 per thousand deaths from all causes in 1958 to 14.7 the number of deaths from cancer remains much the same.

### *Infectious Disease*

A total of 3,350 cases of measles were notified, which is the highest number recorded since 1955 when the corresponding figure was 4,944. Epidemic proportions have been reached each year since 1954 when as few as 102 cases were notified.

Only 161 cases of whooping cough, the lowest number on record, were notified compared with 262 in the previous year. In recent years there has been a remarkable fall in the incidence of this disease with no death since 1957, compared with earlier statistics when over a thousand cases and an average of three deaths were notified annually. These reductions follow the widespread use of pertussis vaccine in the county since 1952.

Although only one case of diphtheria was notified during the year, and that an adult, it is perhaps significant that the corresponding figure for England and Wales is 277 as compared with 80 in 1958. Although immunisation against this disease continues, the level of protection, in Dorset at any rate, is not as high as it should be and the cooperation of medical practitioners is sought in order to increase the number of children protected.

### *Mental Health*

With the passing of the Mental Health Act on 29th July 1959 the county council immediately prepared their proposals to comply with the new legislation. The establishment of field officers was increased and a five year building programme prepared in order to provide adequate accommodation for the various types of patients envisaged in the Mental Health Act.

### *Clinics*

The new clinic at Swanage was completed during the summer and officially opened in September. It not only provides accommodation for a full range of services but also includes offices for the district medical officer of health, the health visitor and district welfare officer for the area.

A start was made towards the end of the year on the construction of the clinic at Bridport and preliminary arrangements were almost completed for the Branksome clinic and the central clinic and offices in the Poole area.

### *Domestic Help Service*

The survey of the domestic help service in Dorset referred to in my Report for 1958 was completed early in the year and a scheme based on a closer link with the work of the health visitors and district nurses was adopted by the county council; a new organiser was appointed with health visiting and nursing experience to fill the vacancy created by the death of her predecessor.

An interesting account of the development of the domestic help service in the county is the subject of a special article at the end of this Report by one of the senior medical officers, Dr. M. C. Macleod.

### *County Nursing Association*

It was anticipated by many when the National Health Service Act came into force that there would be an appreciable falling off in voluntary support. The reason for this pessimism was not altogether clearly discernible as there was nothing in the Act to support it, in fact the contrary was the case as local health authorities were encouraged to enlist voluntary interest and assistance as much as possible, even to the extent of appointing voluntary bodies as agents for certain aspects of the work.

Although some local health authorities might not have taken advantage of the opportunities they had for cooperating fully with voluntary organisations, this was certainly not the case in Dorset where the county council encouraged the voluntary effort as much as possible.

Up to 1948 the Dorset County Nursing Association, with their many affiliated local associations, was a tower of strength in the field of nursing and had cooperated closely with the county council. There was therefore no hesitation on the part of the latter in appointing the Association as agents for the nursing services throughout the entire county and the midwifery services in all areas except Poole and Weymouth where the services of whole-time midwives had been used for many years.

One of the chief reasons why the county council found it so easy and appropriate to effect an agency arrangement with the Association was that the offices of Hon. Secretary and Hon. Treasurer of the Association had been very ably conducted since its inception in 1914 by the late Miss E. Castleman-Smith, who was also a member of the county council.

Under the able guidance of The Lady Digby, Chairman, and Miss E. Castleman-Smith the Association continued to carry out the duties delegated to them until the death of Miss Castleman-Smith in the early months of the year. Owing to the difficulty in finding a suitable successor and the fact that the work was so closely identified with the county council the Association felt it appropriate to terminate the agency arrangement with the county council and confine their very much reduced activities to looking after the interests of the nurses and midwives.

In view of the very important part which the County Nursing Association has played in the growth and development of the nursing and maternity services in the county from very early days a brief historic account will not be out of place.

The Dorset County Nursing Association was formed in 1914 the chief aim being to provide skilled and efficient nursing for the sick poor in their own homes and to bring the services of certified midwives within reach of those who needed them.

The first committee meeting was held at Leweston Manor, Sherborne, on 21st July 1914 when the constitution and rules were drawn up. The first president was the Viscountess Portman.

It was envisaged that by careful nursing and advice the days of illness would be shortened thus saving the sufferer and his family time as well as money; also the aged and infirm were enabled to pass their last days at home where ignorance as to the care of invalids might otherwise have resulted in their removal to hospital or infirmary.

The objects of the Association were:

- (a) To encourage the formation of local district nursing associations and to promote the provision of certified midwives.
- (b) To raise a central fund for:
  - (i) The training in district nursing and midwifery of suitable state registered nurses
  - (ii) The employment of a fully qualified superintendent
  - (iii) The extension of nursing in the poorest districts of the county by giving financial aid to newly formed local associations.



(c) To uphold, by affiliation with the Queen's Institute of District Nursing and subject to their inspection, a high standard of nursing; to encourage the employment of Queen's Nurses where the requisite salary could be paid; to affiliate local associations and to supply other trained staff to those associations who could not afford Queen's Nurses.

(d) To undertake for the county council provision of an adequate midwifery service.

There have been only two Chairmen of the Association; the Countess of Ilchester for twenty-eight years from 1914 to 1942 and The Lady Digby from April, 1942. There was only one Hon. Secretary, the late Miss E. Castleman-Smith. At the outset twenty-three local associations were formed and the number rapidly increased to fifty.

In the first year certain work was undertaken for the county council; tuberculosis visiting on a part-time basis by the county superintendent and, for an interim period, where local associations existed, the visiting of infants by the district nurse-midwives.

In 1917 the county council requested the Association to carry out the work of inspection of school children, the selection of special cases for medical examination and inspections for verminous children and gave annual grants towards the expenses incurred, the amounts being approximately £300 for health visiting and £50 towards school nursing; the Local Government Board also donated £105 per annum in aid of midwifery work. These sums together with small contributions by patients went some of the way towards paying for the cost of these services but a wide margin remained to be covered by funds raised by the county and local nursing associations.

In an effort to increase the number of local associations and extend those already formed the Hon. Secretary wrote in the annual report for 1916/17 'In view of the appalling wastage of life in this terrible war it is imperative that those at home should devote every available effort in order to preserve the child life of the nation and to improve the standard of health and efficiency of the children.'

A Dorset Garden Scheme, promoted by The Lady Digby, has been functioning since 1926 and from the outset it was decided to devote funds from this very successful undertaking to the Pension Fund.

By 1930 the staff employed centrally by the County Nursing Association were carrying out the health visiting for a population of over 127,000, the supervision of seventy-five nurses and were responsible for seven child welfare centres. By this time the county council were bearing the full cost of the health visiting service and contributing a sum of just over £2,000 annually to the Association in respect of the midwifery and home nursing services; the Public Assistance Committee also contributed £350. Hospital leagues were being formed and cooperated closely with the local nursing associations.

In 1936 the Midwives Act, which ensured that no unqualified woman acted as a midwife or maternity nurse, placed the responsibility of providing an adequate midwifery and maternity service upon the county council who appointed the County Nursing Association to act as agents for these functions. This necessitated a general re-organisation of the local associations, merging some of the smaller ones and extending others. At the same time all the health visitors were transferred to the direct employment of the county council and the district nurses were no longer required to undertake health visiting as part of their duties.

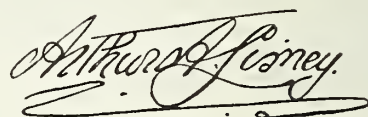
The use of cars had been gradually introduced and by 1938 thirty-one, provided under a county scheme, were being used by the nurses. This greatly added to the effectiveness of their work and also reduced the strain of covering wide areas by means of bicycle or on foot. Consideration was also given to extending the Local Government Superannuation Scheme to include nurses. Hitherto three different pension schemes had existed the Equitable, the Federated Superannuation Scheme and the Queen's Long Service Fund, but the Local Government Superannuation Scheme promised a much better future and the majority of nurses joined.

In 1945 a new development was initiated in the form of a mobile physiotherapy service. This commenced with a van and up-to-date equipment with one fully qualified physiotherapist in charge but rapidly expanded in subsequent years to a staff of four with vans covering the entire county. This service continued with marked success until 31st March 1959 when the contract for hospital cases was terminated by the Regional Hospital Board. A considerable loss of income was entailed and so it was decided to discontinue the service in its existing form but instead to arrange with private physiotherapists to provide a service free of charge to a limited number of elderly persons who were not eligible for hospital treatment.

At present the Association confine the use of their funds for charitable purposes and the affiliated local branches concentrate on the supply of extra comforts for those who need them.

It is with regret that one sees the closing of a chapter in the noble work of an active and highly respected voluntary organisation working in the closest harmony with the county council and it is to be hoped that the nucleus which is being preserved may in the years to come again take a leading part in some voluntary activity as yet unforeseen. In the meantime I am glad to have the opportunity of paying a tribute to the honorary officers whose inspired enthusiasm and initiative was largely responsible for the signal success which the Association achieved, particularly in pioneering the nursing and maternity services in the county.

To members of the health and social services committee and in particular the Chairman, Mr. Douglas Jackman, I record my appreciation of their cooperation and my thanks are due to all members of the staff for their willing assistance and support during the year.

A handwritten signature in dark ink, reading "Arthur J. Lacey". The signature is fluid and cursive, with a long horizontal flourish extending from the end of the name.

*County Medical Officer of Health.*

*Health Department,  
County Hall,  
Dorchester,  
Dorset.  
July, 1960.*

## STAFF OF HEALTH DEPARTMENT

### Central Staff

*County Medical Officer of Health;*  
*Principal School Medical Officer.*

LISNEY, A. A., M.A., M.D., D.P.H.

*Deputy County Medical Officer of Health;*  
*Deputy Principal School Medical Officer.*

TURNER, A. F., M.B., B.CH., D.P.H.

*Senior Medical Officer;*  
*Senior School Medical Officer.*

MACLEOD, M. C., M.D., D.P.H.

*Senior Medical Officer.*

SIMONDS, W. H., M.A., M.D.

*Assistant Medical Officers of Health.*

HADDEN, W. E., M.B., B.S., D.P.H., D.A., D.T.M. & H.

*(Combined Appointments).*

ARMIT, A., M.B., CH.B., D.P.H.

HOPKINS, G. B., M.B., CH.B., D.P.H.

LAWRENCE, I. B., B.SC., M.B., CH.B., D.P.H.

O'KEEFE, E. J., M.R.C.S., L.R.C.P., D.P.H.

PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.

*Joint Appointment with Regional Hospital Board:*  
*(Consultant Chest Physician).*

CLARK, A., M.D., M.R.C.P.

*(Consultant Psychiatrist).*

WHILES, W. H., M.R.C.S., L.R.C.P., D.P.M.

*Principal School Dental Officer.*

PRETTY, P. J., L.D.S.

*Dental Officers.*

CHESTER, MISS A. M., L.D.S. (Resigned 14/10/59).

COULTON, K. H., L.D.S. (Commenced 2/3/59).

FOREMAN, W. R., L.D.S.

HODGES, W. V. A., M.C., L.D.S.

LAYLEE, MRS. E. G. (Part-time, commenced 28/9/59).

LINLEY, MRS. E., L.D.S.

NEAME, C. S., L.D.S.

YATES, A. V.

*County Public Health Engineer.*

KING, F. M. W., M.S.E., F.I.P.H.E., F.R.S.H., M.A.P.H.I.

*Assistant County Public Health Officer.*

PARRY, A. H., M.R.S.H., M.A.P.H.I.

*County Ambulance Officer.*

THOMPSON, W. G. M., O.B.E.

*Domestic Help Organiser.*

GIBSON, MISS M. F., S.R.N., S.C.M., H.V.CERT. (Commenced 1/7/59).

*County Nursing Officer.*

RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

*Deputy County Nursing Officer.*

HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT.

*Assistant County Nursing Officer.*

TOPLEY, MISS D., S.R.N., S.C.M., S.R.F.N., H.V.CERT. (Resigned 30/9/59).

*Liaison Health Visitors.*

BENNETT, MISS W. E., S.R.N., S.C.M., H.V.CERT.

MASON, MISS E. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

WALTERS, MISS H., S.R.N., S.C.M., H.V.CERT.

### *Health Visitors.*

ALLEN, MISS F. N., S.R.N., S.C.M., H.V.CERT.

ANDREWS, MISS E. M., S.R.N., S.C.M., H.V.CERT.

COWLEY, MISS C., S.R.N., S.C.M., H.V.CERT.

CRISP, MISS I. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

FOULDS, MISS M. J., S.R.N., H.V.CERT.

FULLER, MISS M. E., S.R.N., S.C.M., H.V.CERT.

JORGENSEN, MISS P. K., S.R.N., S.C.M., H.V.CERT.

MILES, MISS A. G., S.R.N., S.C.M., H.V.CERT.

MORRIS, MISS M., S.R.N., S.C.M., H.V.CERT.

PALLADINO, MISS A. E., S.R.N., S.C.M., H.V.CERT.

POTT, MISS J. F., S.R.N., S.C.M., H.V.CERT.

PUNSHON, MISS E., S.R.N., S.C.M., H.V.CERT.

READ, MISS L. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

RICHARDSON, MISS I. F., S.R.N., S.C.M., H.V.CERT.

SCOTT, MRS. M. P., S.R.N., H.V.CERT. (Commenced 25/5/59).

TROTMAN, MISS V., S.R.N., S.C.M., H.V.CERT.

TRUSCOTT, MISS M., S.R.N., S.C.M., H.V.CERT., D.S.A.

TUFF, MISS M. E., S.R.N., S.C.M., H.V.CERT.

WALKER, MISS M. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

WARVILL, MISS E. I., S.R.N., S.C.M., H.V.CERT.

WHEELER, MISS C. R., S.R.N., S.C.M., H.V.CERT.

WHITE, MISS W. M., S.R.N., S.C.M., H.V.CERT.

### *Chief Officer for the Welfare of the Blind.*

TYACKE, MISS O.

### *Home Teachers for the Blind.*

ABBERTON, MISS M.

CLIST, MISS E. M.

HANCOCK, MISS E. M. (Commenced 4/8/59).

KERSHAW, MISS P. M.

OWEN, MISS G. M.

STEWART, MISS M. E.

### *Chief Mental Deficiency Officer.*

BAZELEY, MISS D. K.

### *Mental Welfare Officers.*

MABB, MRS. B.

STEVENSON, MISS J.

### *Psychiatric Social Workers.*

FILLITER, MISS A. D.

HARDY, MRS. J. D. (Temporary part-time, commenced 7/5/59).

### *Home Teachers.*

DAVEY, MRS. J. L.

EVERARD, MISS B.

### *Supervisor, Poole Occupation Centre.*

FRENCH, MRS. C. E., M.A.O.T.

### *Supervisor, Weymouth Occupation Centre.*

HALL, MRS. M. L. (nee Bennett).

### *District Officers.*

BAMFORD, K. W.

COOK, J. C. H.

HOPKINS, C. G.

SALMON, C.

} Also duly authorised officers  
for the purpose of the  
Lunacy and Mental Treat-  
ment Acts.

### *Oral Hygienist.*

NORMAN, MRS. M. (Resigned 27/8/59).

### *Chief Administrative Assistant.*

HUTCHINGS, H. L.

### *Administrative Assistant.*

CLARKE, V. W. V., D.P.A.



## Poole Area Staff

### Area Medical Officer; School Medical Officer, Excepted Area.

HUTTON, J., M.D., D.P.H.

### Assistant County Medical Officers of Health.

CAIRNS, K. M., M.B., B.S., M.R.C.S., L.R.C.P.  
PARKEN, D. S., M.B., B.S., D.C.H., D.P.H.  
WILLIAMSON, H. C., M.B., B.CH., D.P.H.

### Area Dental Officer.

TAYLOR, P. B., L.D.S.

### Dental Officers.

ELDON, J., L.D.S.  
GAPPER, A. E. G., L.D.S.  
RYAN, D. J. C., L.D.S. (Resigned 10/4/59).  
WILLIAMS, E. R., L.D.S. (Commenced 1/4/59).

### Assistant Domestic Help Organiser.

THICKETT, MISS L. M.

### Area Superintendent Health Visitor;

### Assistant Non-Medical Supervisor of Midwives.

KINGSBURY, MISS M. M., S.R.N., S.C.M., H.V.CERT.

### Health Visitors.

ASTON, MRS. M. C., S.R.N., S.C.M., H.V.CERT.  
BROOKS, MISS H. E., S.R.N., S.C.M., H.V.CERT.  
CARTER, MISS P., S.R.N., S.C.M., H.V.CERT.  
DIBDEN, MISS H. M., S.R.N., H.V.CERT. (Commenced 1/12/59).

### Liaison Health Visitor.

BRIDGWOOD, MISS L. G., S.R.N., S.C.M., H.V.CERT.

### Health Visitors—Cont.

GREAVES, MISS H., S.R.N., S.C.M., Q.I.D.N.S., H.V.CERT.  
KELLY, MISS M., S.R.N., S.C.M., R.F.N., H.V.CERT. (Resigned 6/7/59).  
KNIGHTLEY, MISS E. E., S.R.N., S.C.M., H.V.CERT.  
KOSTER, MISS I. F., S.R.N., S.C.M., H.V.CERT.  
KUSEL, MISS V. M., S.R.N., S.C.M., H.V.CERT.  
NARBETT, MRS. V., S.R.N., S.C.M., H.V.CERT.  
PHILLIPS, MISS M. A., S.R.N., S.C.M., H.V.CERT.  
PITTOCK, MISS I., S.R.N., S.C.M., H.V.CERT.  
STAPLEY, MRS. M., S.R.N., S.C.M., H.V.CERT.

### Midwives (Whole-time).

BELLINGER, MISS I. M.  
EASON, MISS M. G.  
FORREST, MISS L. I. I.  
HARDY, MISS A. D. E. M.  
HUTCHINSON, MISS L. (Commenced 1/4/59).  
IMBER, MISS C. V.  
JONES, MRS. W. M. L.  
LISK, MISS V. A.  
MORRIS, MISS J. E.  
O'LEARY, MISS M.  
PETLEY, MISS B. M.  
THICKETT, MISS M.  
TUGWELL, MISS E. F.

### Matron, Day Nursery.

MCCUTCHEON, MISS M. J.

## South Dorset Area Staff

### Area Medical Officer.

WALLACE, E. J. G., M.B., CH.B., D.P.H.

### Assistant County Medical Officer of Health.

WARD, C. A. G., M.B., B.S.

### Dental Officers.

FARWELL, E., L.D.S.  
LIPINGTON, D. M., L.D.S. (Resigned 29/1/59).  
MASON, MRS. M. D., B.D.S. (Part-time).

### Assistant Domestic Help Organiser.

BRAWLEY, MRS. M. C.

### Health Visitors.

ALLGOOD, MISS D. B., S.R.N., S.C.M., H.V.CERT.  
BROCK, MISS L., S.R.N., S.C.M., H.V.CERT., D.S.A.  
GOFF, MISS P. F., S.R.N., S.C.M., H.V.CERT.  
HUGHES, MRS. G. M., S.R.N., S.C.M., H.V.CERT.  
RICHARDSON, MISS G. F., S.R.N., S.C.M., H.V.CERT.  
STEMBRIDGE, MISS I., S.R.N., S.C.M., H.V.CERT.  
SUNDERLAND, MISS D., R.S.C.N., S.R.N., S.C.M., H.V.CERT., D.S.

### Midwives (Whole-time).

CURTIS, MRS. H.  
EMERY, MISS G. S.  
STASSON, MRS. W. N.

## OFFICERS OF OTHER AUTHORITIES

(at 31st December, 1959)

Boroughs				Medical Officers				Public Health Inspectors
Blandford Forum	..	..	..	DR. G. B. HOPKINS	..	..	..	MR. H. L. BIRKETT.
Bridport	..	..	..	*DR. A. ARMIT	..	..	..	MR. E. E. ROUGHTON.
Dorchester	..	..	..	DR. I. B. LAWRENCE	..	..	..	MR. C. F. ALLARD (Senior). MR. D. A. DOLPHIN
Lyme Regis	..	..	..	*DR. A. ARMIT	..	..	..	MR. I. D. KENNAUGH.
Poole	..	..	..	*DR. J. HUTTON	..	..	..	MR. R. LEGGAT (Chief). MR. C. GLOVER (Deputy Chief). MR. R. M. IMPETT. MR. R. R. TUCKER MR. F. K. W. FRANCIS. MR. T. K. ASTON (Housing). MR. E. W. WAKEFIELD (Meat Inspector). MR. R. C. STENTIFOLD. MR. S. T. DAVIES.



<i>Boroughs</i>			<i>Medical Officers</i>			<i>Public Health Inspectors</i>		
Shaftesbury	..	..	DR. N. F. PEARSON	..	..	MR. W. N. TEASDALE.		
Wareham	..	..	DR. E. J. O'KEEFE	..	..	MR. J. R. TANNER.		
Weymouth and Melcombe Regis	..	..	*DR. E. J. G. WALLACE	..	..	MR. H. HANDSCOMB (Chief).		
						MR. A. L. HARRIS.		
						MR. R. G. S. NEWBOULD.		
<i>Urban Districts</i>								
Portland	..	..	DR. E. J. G. WALLACE	..	..	MR. P. A. WILLIAMS.		
Sherborne	..	..	DR. N. F. PEARSON	..	..	MR. F. E. RAEBURN.		
Swanage	..	..	DR. E. J. O'KEEFE	..	..	MR. K. W. GREENWOOD.		
Wimborne	..	..	DR. G. B. HOPKINS	..	..	MR. R. GELLENDER.		
<i>* Also Port Medical Officer.</i>								
<i>Rural Districts</i>								
Beaminster	..	..	DR. A. ARMIT	..	..	MR. C. C. RUNDLE.		
Blandford	..	..	DR. G. B. HOPKINS	..	..	MR. G. S. C. UDALL (Senior).		
						MR. M. A. STOCKLEY.		
Bridport	..	..	DR. A. ARMIT	..	..	MR. J. R. NEWMAN.		
Dorchester	..	..	DR. I. B. LAWRENCE	..	..	MR. N. RAWLINS (Senior).		
						MR. J. M. S. STAMP.		
						MR. J. B. S. SALT.		
						MR. F. E. CASEMORE (Chief).		
Shaftesbury	..	..	DR. N. F. PEARSON	..	..	MR. W. E. BREEDS.		
						MR. L. F. P. WARREN.		
Sherborne	..	..	DR. N. F. PEARSON	..	..	MR. J. E. FANNON.		
Sturminster	..	..	DR. N. F. PEARSON	..	..	MR. F. HODSON.		
						MR. H. C. WATKIN.		
Wareham	..	..	DR. E. J. O'KEEFE	..	..	MR. E. D. GRANT (Senior).		
						MR. F. W. WHITE.		
Wimborne	..	..	DR. G. B. HOPKINS	..	..	MR. W. CHICK (Chief).		
						MR. F. BOAM.		
						MR. R. E. S. HARGREAVES	} Meat Inspectors.	
						MR. A. HOLMES		

#### Public Health Laboratory Service

*Dorchester Laboratory.*

TEE, G. H., M.A., M.R.C.S., L.R.C.P.

*Boscombe Laboratory.*

KING, G. J. G., M.A., M.B., B.CHIR.

### COMMITTEES

In accordance with the request of the Ministry of Health, details of the committee structure relating to the health services are included in this report.

#### Health and Social Services

1. *Composition.* Thirty ordinary members. Chairman and Vice-Chairman of the Council and of the Education Committee and Chairman or Vice-Chairman of the Finance Committee, *ex-officio*; six co-opted Members.—*Total 41.*

2. *Delegated Powers.* The powers and duties of the Council referred to in paragraph 3 below (under the heading 'Delegated Powers'), together with those relating to:—

- (a) Health Education and Prevention of Illness.
- (b) Provision of Housing Accommodation for District Nurses, Midwives and Health Visitors.

*Referred Business.* All functions of the council relating to water supplies, sewerage and sewage disposal and the public health aspect of rivers pollution and food hygiene, and any other functions of a public health nature.

3. The following powers and duties delegated to the committee have, with the approval of the council, been re-delegated or referred to the sub-committees named:—

- (a) *Poole and South Dorset Area Health Sub-Committees.*

#### *Delegated Powers.*

The functions of the council with regard to day-to-day administration of the following services under the National Health Service Acts, 1946 to 1952, in the Poole Borough Area and the South Dorset Area, subject to general control and direction with regard to policy being exercised by the committee:—

- (i) Notification of Births and Infectious Diseases;
- (ii) Supervision of Midwives;
- (iii) Care of Mothers and Young Children;
- (iv) Health Visiting;
- (v) Midwifery;
- (vi) Home Nursing;
- (vii) Vaccination and Immunisation;
- (viii) Domestic Help; including the appointment and dismissal of Home Helps with power to re-delegate to the County Medical Officer.

### *Referred Business*

To consider and advise upon any matter referred to the sub-committee by the Health and Social Services Committee, or by the Maternity, Child Welfare and Nursing Sub-Committee, the Ambulance Services Sub-Committee, or the Social Services Sub-Committee, or by the respective chairmen of such Committee or Sub-Committees in connection with the administration of any of the services provided by the county council under Part III of the National Health Service Act, 1946.

#### *(b) Maternity, Child Welfare and Nursing Sub-Committee*

##### *Delegated Powers*

The functions of the council with regard to day-to-day administration of the services referred to in paragraph 3 (a) (i) to (viii) above in those parts of the county not comprised in either the Poole Borough Area or in the South Dorset Area.

##### *Referred Business*

To consider and report to the committee upon all matters arising in respect of the said functions and not dealt with by the sub-committee under their powers relating to day-to-day administration.

To consider and report to the committee upon any recommendations of the Poole Area and the South Dorset Area Health Sub-Committees regarding the exercise within those areas of the functions referred to in paragraphs 3 (a) and (b) above and involving questions of policy affecting their exercise elsewhere in the county.

#### *(c) Ambulance Service Sub-Committee*

##### *Delegated Powers*

The functions of the council relating to the Ambulance Service including the appointment and dismissal of ambulance drivers/attendants with power to re-delegate.

#### *(d) Social Services Sub-Committee*

##### *Delegated Powers*

The functions of the council under:—

- (i) The National Assistance Act, 1948; including the appointment and dismissal of resident and non-resident staffs in establishments.
- (ii) The Lunacy and Mental Treatment Acts, 1890-1930, and Mental Deficiency Acts, 1913-1938, as amended by the National Health Service Acts, 1946 to 1952.
- (iii) Section 28 of the National Health Service Act, 1946, relating to Care and After-Care.

#### *(e) Nurses Acts Sub-Committee*

##### *Delegated Powers*

The functions of the council under the Nurses Acts, 1943-1945, relating to licensing of agencies for the supply of nurses.

#### *(f) Public Health Sub-Committee*

##### *Delegated Powers*

The functions of the council under the:—

- (i) Housing Acts, 1936 to 1957 and the Housing (Rural Workers) Acts, 1926-1942, and any enactments amending the same, with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the council;
- (ii) Part II of the Food and Drugs Act, 1955 (except Sections 32, 47 and 48) and any Orders made thereunder and any enactments or Orders amending the same.

##### *Referred Business*

The functions of the committee relating to water supplies, sewerage and sewage disposal and the public health aspect of rivers pollution and food hygiene, and any other functions of a public health nature not within the terms of reference of any other sub-committee.

#### *(g) Nursing Homes and Nurseries and Child Minders Sub-Committee*

##### *Delegated Powers*

The functions of the council under the Public Health Act, 1936, relating to the registration and exemption from registration of Nursing Homes and the Nurseries and Child Minders Regulation Act, 1948, relating to the registration of premises as nurseries or persons as child minders.

*Note.*—There are excepted from the Delegation of Powers to each committee (a) the powers of levying or issuing a precept for a rate or of borrowing money; (b) except where otherwise stated, the power of appointment and dismissal of established officers; and (c) the acquisition of all property and sites.

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## NATURAL AND SOCIAL CONDITIONS AND STATISTICS OF THE AREA

### Natural and Social Conditions

Dorset is a predominantly rural county of just under 1,000 square miles. About half the population is associated with an industrial area in the south-eastern quadrant, comprising the Borough of Poole and adjacent dormitory districts, and the south Dorset area consisting of the Borough of Weymouth and Portland. The remainder of the county is made up of rural districts with small boroughs and well scattered urban districts. The climate is comparatively mild and in the summer months many holidaymakers visit Poole, Weymouth, Swanage, Bridport and Lyme Regis. The number of hours of sunshine is high and there is a pleasant absence of severe frosts or fogs. The following table indicates the average monthly rainfall figures for 1959 from forty-three stations in the county, together with the average hours of sunshine per month from two coastal stations.





Some of the causes of death, with the corresponding percentages of total deaths (3,840), are given in the table below:—

(a) Heart disease .. ..	34.2	(i) Motor vehicle accidents ..	1.3
(b) Cancer (all forms) ..	18.2	(j) Hyperplasia of prostate ..	1.0
(c) Vascular lesions of ..		(k) Nephritis and nephrosis ..	0.9
nervous system .. ..	14.7	(l) Other diseases of ..	
(d) Other circulatory diseases ..	5.4	respiratory system ..	0.8
(e) Pneumonia .. ..	4.1	(m) Ulcer, stomach and duodenum ..	0.8
(f) Bronchitis .. ..	2.6	(n) Suicide .. ..	0.7
(g) Influenza .. ..	2.0	(o) Congenital malformations ..	0.6
(h) Accidents other than motor ..		(p) Leukaemia, aleukaemia ..	0.6
vehicle .. ..	1.7		

#### Comments on Vital Statistics (Tables 1—5)

##### Birth Rate

The birth rate for 1959 was 14.6 compared with the corresponding figure for England and Wales of 16.5. The figure for Dorset shows a slight decrease when compared with the previous year and the national figure is increased. The comparatively low birth rate is due to the high percentage of retired persons who reside in the county.

##### Infant Mortality

The infant mortality rate for 1959 was 17.4 per 1,000 live births which compares favourably with the corresponding figure for England and Wales, 22.0. The continued downward trend in infant deaths is highly satisfactory and it is hoped that still further reductions will be recorded in future years.

##### Death Rate

The death rate of 12.4 per 1,000 population shows a decrease when compared with the previous year but is still greater than the rate of 11.6 for the country as a whole. Approximately two thirds of the deaths were due to heart disease, vascular lesions of the nervous system and cancer. For the first time for some years no increase occurred in the number of deaths from cancer of the lung and bronchus; in contrast with the previous year more deaths occurred from pneumonia than from bronchitis. A feature of note was that seventy-nine persons died from influenza as compared with seventeen the previous year and this figure is considerably higher than that which has been recorded for many years. Many of these deaths occurred during an epidemic throughout the county in February and March.

##### Maternal Mortality

There were two deaths in this category during the year giving a maternal mortality rate of 0.4 per 1,000 births. As in previous years full investigations into each death were carried out in accordance with the practice laid down by the Ministry of Health.

##### Infectious Disease

The general pattern with regard to the number of notifications of infectious disease remained much as in the previous year. An increase in the prevalence of dysentery was, however, noted but as the clinical effects of the disease are mild no great concern is felt.

##### Accidental Deaths

Accidental deaths are recorded in two categories, namely motor vehicle accidents and all other. Although the figure of sixty-six deaths from all other accidents is the same as in the previous year, that for motor vehicle accidents has risen sharply from thirty-nine in 1958 to fifty-one in the year under review. When considering the age groups concerned analysis shows that fifty-seven per-cent of the deaths arising from motor vehicle accidents occurred in the 15-44 years age group, whereas for all other accidents sixty per-cent of the deaths were of persons over the age of sixty-five years.

It is clear that whereas old people to a much greater extent die as the result of all other accidents than do the younger age group, a natural result of old age, vehicle accidents result largely in the premature deaths of younger people in the 15-44 years age group.

The following table clearly emphasises this tragic loss of life in such a vital age group:—

Age Group	Motor Vehicles		All Other Accidents	
	Deaths	Per Cent	Deaths	Per Cent
0— .. ..	3	6	5	7
5— .. ..	3	6	—	—
15— .. ..	19	37	5	7
25— .. ..	10	20	4	6
45— .. ..	7	14	13	20
65— .. ..	9	17	39	60
Totals .. ..	51	100	66	100

#### Morbidity Figures

The number of claims for sickness in the past five years is given in the table below.

These figures do not include a small area in the east of the county around Wimborne as the Ministry of Pensions and National Insurance administrative arrangements do not permit them to be separated from statistics referring to Bournemouth. February and March were the months when most claims of sickness benefit were made due to an outbreak of influenza.



Month	1955		1956		1957		1958		1959	
	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population
January	4,106	13·51	3,434	11·29	3,206	10·51	3,642	11·98	3,074	9·99
February	3,580	11·78	4,124	13·56	2,451	8·03	2,996	9·85	4,189	13·62
March	3,636	11·96	3,102	10·20	2,314	7·59	2,520	8·29	5,332	17·33
April	2,068	6·80	2,008	6·60	2,319	7·60	2,844	9·35	2,727	8·86
May	2,207	7·26	2,355	7·74	1,910	6·26	1,773	5·83	1,842	5·99
June	1,718	5·56	1,757	5·77	1,745	5·72	1,844	6·06	2,144	6·97
July	1,574	5·17	2,091	6·87	2,061	6·75	2,120	6·97	1,806	5·87
August	2,069	6·81	1,524	5·01	1,606	5·26	1,621	5·33	1,651	5·36
September	1,762	5·81	1,769	5·81	2,043	6·70	2,054	6·75	2,200	7·15
October	2,003	6·59	2,661	8·74	9,657	31·65	1,997	6·56	2,132	6·93
November	2,622	8·63	2,161	7·10	3,873	12·69	2,020	6·64	2,587	8·41
December	1,950	6·41	1,780	5·85	4,300	14·09	2,494	8·20	2,679	8·71
Totals	29,295	96·37	28,766	95·42	37,485	122·85	27,925	91·81	32,363	105·19

### PREVALENCE AND CONTROL OF INFECTIOUS DISEASE (Table 5)

As in previous years measles was the commonest infectious disease notified. There were more cases of scarlet fever than at any time in the last ten years and a sharp rise in the incidence of dysentery occurred.

In the table below are given notifications and deaths of the more important infectious diseases in Dorset during the past ten years:—

Disease	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
<i>Diphtheria:</i>										
No. of cases notified ..	1	—	1	—	1	—	—	1	—	1
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
<i>Scarlet Fever:</i>										
No. of cases notified ..	194	172	125	188	184	72	107	113	147	227
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
<i>Measles:</i>										
No. of cases notified ..	1,545	4,709	950	4,900	102	4,944	1,653	2,663	2,604	3,350
No. of deaths ..	—	2	—	1	—	—	—	—	—	1
<i>Whooping Cough:</i>										
No. of cases notified ..	1,386	1,492	866	1,125	876	591	373	870	262	161
No. of deaths ..	—	3	—	1	1	—	1	1	—	—
<i>Typhoid and Para-typhoid Fever:</i>										
No. of cases notified ..	1	4	3	2	1	16	1	1	—	1
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
<i>Food Poisoning:</i>										
No. of cases notified ..	74	34	18	23	35	63	191	29	210	48
No. of deaths ..	—	—	—	—	—	—	—	2	—	—
<i>Dysentery:</i>										
No. of cases notified ..	21	192	115	68	68	13	63	2	4	112
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
<i>Polioencephalitis (including Poliomyelitis):</i>										
No. of cases notified ..	111	33	24	150	27	50	11	10	8	3
No. of deaths ..	18	2	1	2	2	3	1	1	—	1
<i>Meningococcal Infection:</i>										
No. of cases notified ..	5	4	5	5	4	5	7	5	3	4
No. of deaths ..	2	2	—	1	1	1	1	—	—	—

### Diphtheria

One isolated case of diphtheria was notified in the county during the year. Full details of the immunisation scheme are reported in another section.

### Scarlet Fever

There were 227 cases of scarlet fever notified during the year and this is a greater total than at any time in the past ten years. The disease continues in a very mild form and no deaths occurred. In addition the number of streptococcal sore throats, which are not notifiable, was reported to be high.

### Measles

During the year 3,350 cases of measles were notified of which eighty-five per cent occurred in the first half of the year. The bi-annual epidemiological pattern continues despite the apparent discrepancy when the 1957 epidemic spilled over into 1958. Only one death from measles occurred, largely due to the fact that secondary infection can be controlled by the use of antibiotics.

### Whooping Cough

Only 161 cases of whooping cough were notified so that for the second successive year a low figure has been recorded. No deaths occurred and it is to be hoped that the increasing number of children being immunised against the disease will help to eradicate it in the course of the next few years.

### Typhoid and Para-typhoid Fever

One sporadic case of typhoid fever was notified in a woman aged twenty-two years living in the Borough of Poole.

### Food Poisoning and Dysentery

There were forty-eight cases of food poisoning notified during the year and in the majority of these salmonella typhi-murium was the causal agent. The largest single outbreak was in a general hospital where twenty-two cases occurred in September. There was a marked increase, to 122 cases, in the number of notifications of bacillary dysentery. This was due largely to outbreaks of the infection in children at Portland in the March quarter and in the Dorchester Area during the December quarter.

### Poliomyelitis

Three cases of poliomyelitis, two paralytic and one non-paralytic, were notified in 1959. This is the lowest number recorded in any one year for some time past. The age of the two paralytic cases was thirty-two and twenty-four years and of the non-paralytic case thirty-eight years. One death occurred in a man aged thirty-two years, which underlines the wisdom of the Minister of Health in extending the vaccination scheme to include persons up to the age of forty years.

### Tuberculosis

In all 131 cases of pulmonary and twenty cases of non-pulmonary tuberculosis were notified during the year. These figures approximate to those of the previous two years.

*Number of Notifications and Deaths from Tuberculosis  
in Dorset 1948—1959*

Year	Pulmonary		Non-Pulmonary	
	Number of Notifications	Number of Deaths	Number of Notifications	Number of Deaths
1948	164	89	50	14
1949	169	65	55	15
1950	184	72	47	8
1951	225	47	41	10
1952	177	57	40	5
1953	163	39	46	6
1954	146	37	29	4
1955	135	28	20	2
1956	184	24	30	3
1957	148	24	18	5
1958	136	15	12	4
1959	131	14	20	2

#### *Pulmonary Cases*

The total shows a reduction of five in the number of cases of pulmonary tuberculosis notified as compared with 1958 and although there is no significant change the downward trend continues. The mass radiography units do good work and a number of patients are referred who are eventually notified as suffering from the disease. Of the 131 cases first notified, seventy-two were males and fifty-nine females. Of the seventy-two male cases first notified, thirty-eight were over the age of thirty-five years which indicates an increasing tendency for the disease to occur or be diagnosed later in men.

The vaccination of thirteen year old schoolchildren with B.C.G. is a prophylactic measure which has been continued.

#### *Non-Pulmonary Cases*

There is a slight increase in the number of notifications of non-pulmonary tuberculosis during the year. Improved methods of milk production, the creation of specified areas under Orders made by the appropriate Ministry and the general decline in tuberculosis throughout the country should bring about a steady decrease in the years to come.

## CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

### Ante-Natal and Post-Natal Care (Tables 6 and 7)

#### Administrative Arrangements

The Maternity, Child Welfare and Nursing Sub-Committee is responsible, under delegated powers, for the care of mothers in the county area and the day-to-day administration in the Poole and South Dorset areas is delegated to the respective area health sub-committee.

The clinical supervision of ante-natal patients is carried out at Wimborne only but arrangements are being made to close this clinic in 1960. This will effect the county council's policy of discontinuing sessions by medical officers except by special appointment thus bringing to an end duplication of work in this branch of the National Health Service.

During the past four years midwives' ante-natal clinics have been held in the Borough of Poole; in all there are now eight centres at which 841 mothers received ante-natal care during 1959. These clinics are much appreciated by both mothers and midwives as are also group discussions arranged to further the educational aspect of the service.

#### Statistics

#### Summary of Ante-natal and Post-natal Care at Local Health Authority's Clinics, 1955-1959

				1955	1956	1957	1958	1959
Combined Ante-Natal and Post-Natal Clinics ..				7	7	3	3	1
First Attendances	}	Ante-Natal .. ..	..	150	112	97	59	28
		Post-Natal .. ..	..	70	44	31	29	15
		Total .. ..	..	220	156	128	88	43
Total Attendances	}	Ante-Natal .. ..	..	739	533	368	263	127
		Post-Natal .. ..	..	115	54	52	37	37
		Total .. ..	..	854	587	420	300	164
Midwives' Ante-Natal Clinics (Poole only) ..				—	5	5	5	8
First Attendances .. ..				—	680	730	809	841
Total Attendances .. ..				—	2,804	3,298	3,899	3,754

#### Mothercraft and Relaxation Classes

During the year further efforts were made to increase the educational aspect of ante-natal care. Classes are now held at Blandford, Dorchester, Poole, Portland, Shaftesbury, Sherborne, Wareham and Weymouth. The clinics are staffed by health visitors, district midwives and physiotherapists who arrange for relaxation and mothercraft talks to be carried out. In addition classes are arranged by the hospital services and it is felt that a reasonably wide coverage is being maintained throughout the county. The syllabus used for mothercraft training is that recommended by the National Association for Maternal and Child Welfare and relaxation classes, which follow a uniform pattern, are carried out by physiotherapists employed on a part-time basis. It is hoped that further centres will be arranged at Swanage and Bridport when the clinics now under construction are completed.

In connection with this training much use has been made of appropriate films to add interest to talks and discussions and at one centre fathers are invited to attend occasional evening meetings. This experiment has proved highly successful and has been well received. Up-to-date leaflets are distributed to mothers attending the classes and posters, which are changed frequently, are on view. Extensive use continues to be made of birth atlases and flannelgraphs in connection with the talks.

#### Statistics

#### Attendances at Mothercraft and Relaxation Classes

Class				Mothercraft		Relaxation	
				First	Total	First	Total
Blandford .. ..	..	..	..	48	219	48	225
Bovington .. ..	..	..	..	3	9	3	9
Dorchester .. ..	..	..	..	46	316	51	351
Poole .. ..	..	..	..	—	—	196	1,020
Portland .. ..	..	..	..	28	123	—	—
Shaftesbury .. ..	..	..	..	45	259	46	250
Sherborne .. ..	..	..	..	62	473	67	463
Wareham .. ..	..	..	..	87	391	68	334
Weymouth .. ..	..	..	..	155	720	11	28
Totals .. ..	..	..	..	474	2,510	490	2,680

#### Ante-Natal and Post-Natal Care by General Practitioners

The county scheme for ante-natal and post-natal care of domiciliary midwifery cases by general practitioners in districts not conveniently served by an ante-natal clinic is still in operation, but due to changes brought about by the National Health Service Act, the facilities during 1959 were used in very few instances.



## Statistics

### *Ante-Natal and Post-Natal Examinations by General Practitioners of Patients who have booked a Midwife but are unable to attend County Council Clinics*

		1955	1956	1957	1958	1959
<i>Ante-Natal Examinations:</i>						
Number of women examined	..	23	18	4	2	3
Number of examinations made	..	27	24	4	2	3
<i>Post-Natal Examinations:</i>						
Number of women examined	..	—	1	2	—	2
Number of examinations made	..	—	1	2	—	2

## Care of Unmarried Mothers

Facilities provided for unmarried mothers include advice from health visitors and midwives, arrangements for maternity beds at hospital and arrangements for admission to maternity homes through the co-operation of the moral welfare workers.

The county council is not directly responsible for any mother and baby homes in the county, but financial responsibility is accepted for the maintenance of cases admitted to homes administered under the auspices of the Salisbury Diocesan Association for Moral Welfare and other approved homes. In all fifty-three mothers were admitted to homes during the year.

The county council does not employ any staff to deal with the special problems of the unmarried mother and her child, but welfare workers employed by the Salisbury Diocesan Association for Moral Welfare carry out their duties in close co-operation with the officials of the county health department. For this service an annual grant is made to the Association based on a proportion of the salaries of the four workers together with their travelling expenses.

## Statistics

### *Particulars of Admissions to Mother and Baby Homes*

<i>Name of Home</i>	<i>Number of Cases Admitted</i>				
	1955	1956	1957	1958	1959
St. Monica's Home, Parkstone ..	30	14	12	8	17
St. Gabriel's Home, Weymouth ..	24	15	19	15	16
Beckingsale House, Salisbury ..	10	8	10	13	8
Free Church Council Maternity Home, Bournemouth .. .. .	—	—	4	—	4
Others .. .. .	6	7	10	6	8
Totals .. .. .	70	44	55	42	53

## Maternity Outfits

The contents of the maternity outfits issued by the county council conform to the minimum requirements laid down by the Ministry of Health. The outfits are available free of charge for all domiciliary confinements and are supplied in bulk to the midwives who distribute them, as needed, to their domiciliary cases.

During the year, 2,099 outfits were issued, the highest number recorded since the outfits became available without charge in 1948 under the National Health Service Act.

The distribution of the outfits was as follows:—

County Area .. ..	1,068
Poole Area .. ..	815
South Dorset Area .. ..	216
	<u>2,099</u>

### *Welfare Centres (Tables 8 and 9)*

## Administrative Arrangements

The Maternity, Child Welfare and Nursing Sub-Committee is responsible, under delegated powers, for the care of pre-school children in the county area and the day-to-day administration in the Poole and South Dorset areas is delegated to the respective area health sub-committee.

Child welfare clinics in the county are staffed by assistant county medical officers of health and health visitors, assisted in some cases by district nurses. A few family doctors in the county are known to organise their own child welfare clinics and arrangements are made to minimise duplication of the service in the districts concerned.

There still remain some voluntary committees and numerous voluntary helpers do a considerable amount of work at the centres. Their assistance with such matters as the maintenance of records, distribution of welfare foods and the care of toddlers when mothers are consulting the doctor is of inestimable value. Unfortunately such services are not available in the borough of Poole.



Co-operation has been established with the regional hospital board with a view to the supply of such specialist services as the county council may require and the help of consultants is of considerable value.

The services of the consultant child guidance psychiatrist are available for children attending child welfare centres and who are considered to be in need of this help. Child guidance clinics are held at convenient centres in the county and the assistance received from the consultant psychiatrist and his team is much appreciated by the medical officers and health visitors.

No arrangements have, as yet, been made by the county council for the provision of consultant paediatric clinics in connection with child welfare centres, but children considered to require specialist advice are referred to the family doctor who in turn refers them to a consultant paediatrician employed by the regional hospital board. Orthopaedic and other cases requiring consultant advice are also referred to the family doctor.

#### *General Survey*

The number of attendances at child welfare centres in the county approximates to that in the previous year. There were no changes in the number or distribution of the centres. A medical officer and a health visitor are in attendance and advise young mothers on a wide variety of problems concerning the healthy development of the child. In my last report I referred to the fact that a considerable portion of the time of medical officers is given to routine immunisation, especially in the rural districts; as a result the number of medical sessions have been increased at four centres.

During the year further progress was made with the building programme in relation to clinics. Centres at Sturminster Newton, Gillingham and Oakdale in Poole have been opened; these are all conversions of old buildings and are proving most satisfactory. After many years delay the Swanage clinic was opened in November and the layout and design is receiving much favourable comment. The new clinic at Bridport was started during the year and should be brought into operation early in 1960. Plans are also being prepared for a central clinic and administrative offices in Poole and new clinics at Blandford, Branksome and Dorchester.

Immunisation against diphtheria, whooping cough and tetanus by a combined method is offered to all children attending the clinics and this is commenced about the fourth month. In view of the continued low incidence of poliomyelitis in the county it is now possible to continue the procedures throughout the summer months. Vaccination against smallpox is carried out routinely but both the family doctors and the assistant county medical officers are tending to effect the procedure about the age of one year. It is estimated that approximately fifty per cent of the children are now being given adequate protection against this disease and, although this leaves much to be desired, it is a considerable improvement.

The following table shows the number of vaccinations against smallpox carried out at welfare centres from 1955 to 1959:—

<i>Year</i>	<i>County Area</i>	<i>Poole</i>	<i>South Dorset</i>	<i>Total</i>
20.11.54—31.12.55	161	63	194	418
1956	163	321	216	700
1957	184	465	232	881
1958	149	308	195	652
1959	615	425	246	1,286
Totals	1,272	1,582	1,083	3,937

#### *Toddlers' Clinics*

No further development has taken place in this sphere partly due to shortage of medical staff and their preoccupation with intensive immunisation campaigns and partly to shortage of suitable premises. The Dorchester toddlers' clinic continues to serve a clamant need. Early behaviour disorders are diagnosed and where necessary referred to the child guidance specialists. Speech defects, partial deafness, squint and minor orthopaedic disorders are referred to the appropriate specialist for early treatment. The medical officers who attend this clinic are enthusiastic about the results they obtain and it is to be hoped that the work will be extended in the near future.

#### *Outline of Work carried out at the Centres*

The clinical work of the centres is purely preventive in character and aims at early detection of congenital and acquired defects and diseases with the object of referring such cases to the family doctor before complications arise. Each welfare centre is attended by a medical officer, and infants are examined at the first attendance and thereafter as required. Infants and young children are closely observed for signs of nutritional deficiencies or other deviations from normal health and laboratory investigations are carried out when considered desirable. The physical health of pre-school children, under regular medical supervision at welfare centres, has been well maintained during the year and much time is given to advising the mother on correct diet. The response, however, is not always all that could be desired especially as toddlers eat far too many sweets which leads to widespread dental caries. Efforts are made to arrange for dental examinations, even before they reach five years of age, and whenever possible the dentists are present when the clinics are in session.

Children born to parents known to be suffering from pulmonary tuberculosis or coming from tuberculous households are, with the approval of the family doctor, referred to the chest physician for investigation and, where necessary, B.C.G. vaccination.

#### *Statistics*

##### *Analysis of Attendance at Welfare Centres, 1955—1959*

	1955	1956	1957	1958	1959
Infants under 1 year of age attending first time ..	2,668	2,821	3,033	3,284	3,378
Children 1—5 years of age attending ..	7,123	7,556	7,756	8,131	8,414
Total attendances of infants under 1 year of age ..	32,560	34,647	35,970	40,328	40,977
Total attendances of children 1—5 years of age ..	17,930	20,109	20,854	24,324	23,451
Number of live births notified ..	4,172	4,213	4,312	4,485	4,518
Percentage that attended while under 1 year of age ..	63.9	66.9	70.3	71.0	74.7

### Dental Care—Priority Classes

It has only been possible to carry out dental health education to a limited degree and this has been further restricted during the year under review owing to the absence of an oral hygienist. The majority of children under school age attend for treatment for the first time with toothache, when it is usually too late to conserve the aching tooth or teeth and extraction is then necessary.

Although there has been an improvement in the services available, continued dental health education is necessary in order to carry out adequate preventive treatment.

## Dental Care of Expectant and Nursing Mothers, 1955—1959

	1955	1956	1957	1958	1959
Number examined .. ..	229	250	273	258	269
Number needing treatment .. ..	220	245	269	258	269
Number treated .. ..	153	151	195	179	192
Number made dentally fit .. ..	106	120	130	162	136
<i>Particulars of Dental Treatment provided:</i>					
Extractions .. ..	373	324	445	285	432
Anaesthetics—General .. ..	54	39	66	47	64
Fillings .. ..	177	190	276	272	187
Scalings/Gum Treatment .. ..	90	81	90	48	30
Silver Nitrate .. ..	1	—	1	1	2
Dentures provided } Complete .. ..	21	29	29	25	19
} Partial .. ..	31	47	31	38	32

	1955	1956	1957	1958	1959
<i>Numbers provided with dental care:</i>					
Number examined .. ..	572	635	559	786	662
Number needing treatment .. ..	531	594	516	758	626
Number treated .. ..	494	536	459	602	583
Number made dentally fit .. ..	444	485	384	532	467
<i>Particulars of dental treatment provided:</i>					
Extractions .. ..	553	535	503	668	611
Anaesthetics—General .. ..	323	322	272	394	324
Fillings .. ..	294	262	228	344	288
Scalings/Gum Treatment .. ..	10	6	4	4	2
Silver Nitrate .. ..	8	40	27	45	45

Advice on contraception is given at Blandford, Bridport, Dorchester, Gillingham, Hamworthy, Portland, Sherborne, Wareham and Weymouth. Only patients specifically recommended by family doctors are given advice and instruction.

### Attendances at Contraception Clinics

<i>Clinic</i>	<i>Number of Sessions</i>	<i>First Attendances</i>	<i>Total Attendances</i>
Blandford .. .. .	21	42	154
Dorchester .. .. .	26	45	281
Bridport .. .. .	23	28	191
Wareham .. .. .	23	50	242
Hamworthy .. .. .	72	120	832
Weymouth .. .. .	30	139	194
Gillingham .. .. .	22	29	82
Sherborne .. .. .	20	18	56
Portland .. .. .	15	41	49
Totals .. .. .	252	512	2,081

*Summary of Attendances at Contraception Clinics, 1955—1959*

<i>Particulars</i>	1955	1956	1957	1958	1959
Number of Sessions .. ..	194	209	206	226	252
First Attendances .. ..	375	411	514	507	512
Total Attendances .. ..	1,504	1,584	1,999	2,496	2,081

*Care of Premature Infants*

Domiciliary provision includes special nursing care by the midwife and where necessary the issue of equipment such as hot water bottles, suitable covering and clothing, feeding vessels and special dried milk. When a premature birth can be anticipated the mother is encouraged to have her confinement in a maternity unit or hospital and in practise it is found that a high proportion of infants in this category are born in hospital or are admitted within an hour or so of delivery. Arrangements have been made to equip all full-time ambulance depots with a special cot for transferring these cases to hospital.

A good liaison has been established with hospital paediatric units and no difficulty is encountered in obtaining institutional care for premature infants when needed. In doubtful cases a paediatrician on the hospital staff visits the home at the request of the family doctor and, if he considers admission to hospital unnecessary, advises on the domiciliary care of the infant.

Of the number of premature infants notified in 1959 eighty-four per cent survived one month, the same number as in 1958.

*Statistics*

<i>Weight at birth</i>	<i>Premature Live Births</i>															<i>Premature Stillbirths</i>		
	<i>Born in hospital</i>			<i>Born at home and nursed entirely at home</i>			<i>Born at home and transferred to hospital on or before 28th day</i>			<i>Born in nursing home and nursed entirely there</i>			<i>Born in nursing home and transferred to hospital on or before 28th day</i>			<i>Born in hospital</i>	<i>Born at home</i>	<i>Born in nursing home</i>
	<i>Total</i>	<i>Died within 24 hrs. of birth</i>	<i>Survived 28 days</i>	<i>Total</i>	<i>Died within 24 hrs. of birth</i>	<i>Survived 28 days</i>	<i>Total</i>	<i>Died within 24 hrs. of birth</i>	<i>Survived 28 days</i>	<i>Total</i>	<i>Died within 24 hrs. of birth</i>	<i>Survived 28 days</i>	<i>Total</i>	<i>Died within 24 hrs. of birth</i>	<i>Survived 28 days</i>			
oz. or	28	13	7	2	2	—	6	1	3	—	—	—	—	—	—	2	2	—
lb. 4 oz. and in- g 4 lb.	24	2	22	1	—	1	4	—	4	1	—	1	—	—	—	22	—	—
lb. 6 oz. and in- g 4 lb.	37	2	31	10	2	8	4	1	2	1	—	1	1	—	1	6	2	—
lb. 15 oz. and in- g 5 lb.	91	2	89	46	—	45	4	—	4	1	—	1	1	—	1	6	1	—
<b>Totals</b>	<b>180</b>	<b>19</b>	<b>149</b>	<b>59</b>	<b>4</b>	<b>54</b>	<b>18</b>	<b>2</b>	<b>13</b>	<b>3</b>	<b>—</b>	<b>3</b>	<b>2</b>	<b>—</b>	<b>2</b>	<b>36</b>	<b>5</b>	<b>—</b>

*Premature Infants Notified, 1955—1959*

<i>Premature Live Births</i>	1955	1956	1957	1958	1959
Number of premature infants notified .. ..	260	303	245	274	262
Number of premature infants who were					
Born at home .. ..	69	72	63	85	77
Born in hospital or nursing home .. ..	191	231	182	189	185
Number of those born at home and nursed entirely at home who:					
(1) died during first 24 hours .. ..	1	3	—	4	4
(2) survived at end of one month .. ..	47	54	46	52	54
Number of those born at home who were transferred to hospital ..	17	14	17	29	18
Number of those born in nursing homes who:					
(1) died during first 24 hours .. ..	—	—	—	—	—
(2) survived at end of one month .. ..	7	—	1	1	5



### *Children Neglected or Ill-treated in their own Homes*

Arising from a joint circular issued in 1950 by the Home Office, Ministry of Health and Ministry of Education with regard to children neglected or ill-treated in their own homes, the county council appointed the clerk of the county council temporarily as designated officer. Regular meetings of officers are suggested in the circular but are not held in this county. Arrangements are, however, made for significant cases of child neglect and all cases of ill-treatment to be reported to the designated officer so that appropriate joint action can be taken.

### *Protection of Children from Tuberculosis*

In accordance with a recommendation by the Ministry of Health, applicants for employment in residential nurseries and children's homes provided by the county council undergo a routine medical check, including a radiological examination of the chest, before engagement and an annual x-ray examination thereafter. During the year under review sixty initial and twenty-two annual x-ray examinations were completed. None of the films showed signs of tuberculous infection.

Applicants for employment at the two residential establishments for handicapped pupils maintained by the Dorset Local Education Authority are dealt with in the same way and four radiological examinations of the chest were carried out in 1959; none of the films showed signs of tuberculous infection.

### *Day Nurseries*

The provision of day nurseries in the county is limited to one at Poole, which is maintained by the county Council and considered adequate to meet the demands for this service. No day nurseries are maintained by voluntary organisations.

Admissions are confined to children between the ages of two and five years whose mothers find it necessary by reason of social circumstances to obtain work in order to support the family; mothers who are single, separated, widowed or have disabled or invalid husbands are also assisted in this way. A charge is made in respect of each child admitted, and the chairman of the appropriate sub-committee is, in consultation with the area medical officer, empowered to reduce the amount in case of hardship. The following order of priority has been adopted by the county council to be applied when applications for admission of children to the day nursery are being considered:—

- (a) Children living with only one parent or guardian in poor circumstances upon whose earnings their maintenance depends;
- (b) Children for whose daily care arrangements are desirable by reason of the necessity for the person who would normally have care of them in the house to be gainfully occupied in order to maintain a reasonable minimum standard of subsistence;
- (c) Children whose admission to a day nursery is rendered desirable for reasons of financial hardship or difficult domestic circumstances not amounting to a qualification under (a) or (b) above, or by reason of a need for disciplinary training.

The nursery, which was opened in 1952, was specially built for the purpose and is pleasantly situated in the grounds of Belmont Court, Parkstone. It is fitted with good modern equipment and there is ample space for indoor and outdoor activities. In addition to providing amenities conducive to the mental and physical well-being of the growing child the nursery serves as a valuable centre for imparting principles of mothercraft and general health education to mothers making use of the service.

### *Statistics*

<i>Day Nursery</i>	1955	1956	1957	1958	1959
Number of approved places ..	50	50	50	50	50
Number of children on register at end of year .. ..	45	47	49	50	50
Average daily attendance during year .. ..	29	26	31	35	23

### *Distribution of Welfare Foods*

The system of distribution of welfare foods has proceeded along the same lines this year as hitherto and all the voluntary workers have continued to render valuable service by their regular help at all main and subsidiary distribution centres throughout the county.

Eight new centres have been opened and two have closed. In all cases where distributors have been obliged to give up the work there has been little difficulty in finding another volunteer willing to take it on.

There has been a slight falling off in the quantities of foods taken up by beneficiaries, except in the case of Vitamin A and D tablets.

At the end of the year the Ministry of Health made a change in the delivery arrangements and this has resulted in a speeding up of and more frequent deliveries in rural areas.

### *Welfare Foods Distributed*

	1955	1956	1957	1958	1959
National Dried Milk (tins) ..	129,145	121,270	92,535	76,821	73,050
Cod Liver Oil (bottles) ..	35,383	31,993	26,736	18,302	16,730
Vitamin A & D (packets) ..	12,927	12,885	12,616	12,671	12,998
Orange Juice (bottles) ..	204,373	223,452	231,135	149,375	146,909



## DOMICILIARY MIDWIFERY (Section 23) (Tables 10—12)

### *Administrative Arrangements*

From July 1948 until 31st March 1959 the service was delegated to the Dorset County Nursing Association who acted as agents for the county council. In the boroughs of Poole and Weymouth full-time midwives were employed directly by the county council and this continues.

Difficulties with regard to the recruitment of staff have been experienced owing to the national shortage of midwives but a reasonable establishment is maintained.

The Minister of Health has requested information from local authorities regarding arrangements for relief duties. In Dorset the county is divided into groups of four or five domiciliary midwives, all have telephones in their own homes and when not available arrangements are made for calls to be transferred. The system with regard to days off and night duty is highly satisfactory, the General Post Office making arrangements for transfer of calls as necessary. With regard to holidays, these are arranged early in the year, in the groups, and arrangements are made so that there is no inconvenience to patients, doctors or midwives, who are informed of the holiday well in advance.

### *Supervision of Midwives*

Medical supervision is carried out by the county medical officer of health assisted by a senior medical officer and the area medical officers in Poole and South Dorset. The county nursing officer is responsible for the non-medical supervision of midwives; she has a deputy, and an assistant who is the non-medical supervisor of midwives in Poole.

### *Refresher Courses*

The Central Midwives Board require all practising midwives to undertake a course of post-graduate training once in every five years and arrangements are made to meet this requirement.

### *Administration of Analgesics by Midwives*

All sixty-seven midwives employed in the service are qualified to administer gas and air analgesia in accordance with the regulations of the Central Midwives Board and sixty-four sets of apparatus are in use. Two machines for the administration of trilene, as an alternative to gas and air, are provided. Arrangements are made for regular quarterly servicing of machines. All midwives are also qualified to administer pethidine in order to provide their patients with the benefit of this form of analgesia.

### *Statistics*

#### *Midwives qualified to administer Gas and Air Analgesia*

	1955	1956	1957	1958	1959
(1) Institutional Midwives:					
(a) Employed in homes and hospitals in the National Health Service .. .. .	39	43	45	43	48
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service .. .. .	1	2	2	2	3
Totals .. .. .	40	45	47	45	51
(2) Domiciliary Midwives:					
(a) Employed directly by the Local Health Authority .. .. .	12	14	13	14	67
(b) Employed by the Dorset County Nursing Association as agents of the Local Health Authority (Part-time) .. .. .	52	52	49	48	—
Totals .. .. .	64	66	62	62	67

#### *Sets of Apparatus for the administration of Gas and Air in use by Domiciliary Midwives at the end of each year*

	1955	1956	1957	1958	1959
Used by midwives in direct employment of the Local Health Authority .. .. .	13	13	13	14	64
Used by midwives in the employment of the Dorset County Nursing Association as agents of the Local Health Authority .. .. .	48	48	48	48	—

*Number of Cases in which Gas and Air was administered by Midwives in Domiciliary Practice during the years 1955—1959*

	1955	1956	1957	1958	1959
By midwives employed directly by the County Council:					
(1) when acting as a midwife .. .. .	549	622	605	784	1,239
(2) when acting as a maternity nurse .. .. .	133	112	117	133	326
Totals .. .. .	682	734	722	917	1,565
By midwives employed by the Dorset County Nursing Association as agents of the County Council:					
(1) when acting as a midwife .. .. .	463	402	442	509	—
(2) when acting as a maternity nurse .. .. .	232	238	242	220	—
Totals .. .. .	695	640	684	729	—

*Number of Cases in which Pethidine was administered by Midwives in Domiciliary Practice during the years 1955—1959*

	1955	1956	1957	1958	1959
By midwives employed directly by the County Council:					
(1) when acting as a midwife .. .. .	435	469	428	546	919
(2) when acting as a maternity nurse .. .. .	97	109	97	109	256
Totals .. .. .	532	578	525	655	1,175
By midwives employed by the Dorset County Nursing Association as agents of the County Council:					
(1) when acting as a midwife .. .. .	292	220	279	318	—
(2) When acting as a maternity nurse .. .. .	239	178	175	168	—
Totals .. .. .	531	398	454	486	—

*Arrangements for Ante-Natal Supervision by Midwives*

As most cases are now booked by the family doctors, ante-natal supervision is given by the midwives by arrangement with them. In the rare event of midwife booked cases, routine domiciliary visits are paid monthly during the first six months; fortnightly during the seventh and eighth months and weekly during the ninth month with additional visits as may be found necessary. In all cases, however, the patient is advised to book a doctor.

In addition midwives encourage their patients to attend relaxation classes and mothercraft talks at the nearest centre. This service is much appreciated both by the midwives and patients and the interest of both groups is beneficial to midwifery and child care.

*Co-operation with General Practitioners*

With very few exceptions co-operation between midwives and general practitioners is satisfactory. Doctors are asked to indicate to the midwife the degree of supervision they intend to exercise, and whether they intend to be present at the confinement or only to be summoned by the midwife in an emergency. In maintaining statistical records, endeavour has been made to differentiate between these two types of cases, giving credit to the midwife for extra responsibility.

In some areas in the rural parts of the county general practitioner obstetricians set aside sessions, usually one morning each week, when they do rounds with the domiciliary midwife. It is then possible for the doctor and midwife to see the patient together in the homes where the confinement will take place and this has been found to be of great benefit to the patient, doctor and midwife.

*Medical Aid*

The scheme for supplying medical aid to mothers and infants continues as in previous years.

*Statistics*

*Medical Aid under Section 14 (1) of Midwives Acts, 1918—1951*

<i>Cases in which medical aid was summoned during the year by Midwives</i>	1955	1956	1957	1958	1959
(a) Domiciliary Cases:					
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service .. .. .	58	101	203	261	290
(ii) Others .. .. .	41	11	13	10	8
(b) For cases in Institutions .. .. .	6	3	9	9	6
Totals .. .. .	105	115	225	280	304

*Midwifery Cases Attended, 1959*

<i>Cases attended by</i>	<i>Domiciliary</i>		<i>Hospitals</i>	
	<i>Midwifery</i>	<i>Maternity</i>	<i>Midwifery</i>	<i>Maternity</i>
Midwives employed by the County Council ..	1,377	407	—	—
Midwives employed in Hospitals .. ..	—	—	1,802	571
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	30	7	—	—
Totals ..	1,407	414	1,802	571

*Selection of Hospital Confinements on Social Grounds*

In accordance with the suggestions of the Ministry of Health, assistance is given to the hospital by the local health authority in recommending whether or not cases booked for confinement in a maternity unit should be admitted on social grounds, after investigation by a midwife on the home circumstances. If the provision of a domestic help will facilitate home confinement, the necessary arrangements are made whenever possible.

The number of maternity beds available in the West Dorset Group Hospital Management Committee area is adequate to meet all applications for accommodation with the result that the question of admission on social grounds has not arisen for some years. In East Dorset, however, the position is different and the demand continues to exceed the number of beds available.

During the year there has been a considerable improvement in the home help service and at no time has a woman had to go to hospital for confinement because adequate domestic help could not be made available.

*Statistics*

*Selection of Hospital Confinements on Social Grounds*

<i>Source</i>	1958			1959		
	<i>Requests for investigation of home conditions</i>	<i>Recommended for hospital confinement</i>	<i>Not recommended for hospital confinement</i>	<i>Requests for investigation of home conditions</i>	<i>Recommended for hospital confinement</i>	<i>Not recommended for hospital confinement</i>
Bournemouth and East Dorset H.M.C. ..	268	156 (58·0 per cent)	112 (42·0 per cent)	331	200 (60·4 per cent)	131 (39·6 per cent)
Other Sources .. ..	19	14 (73·6 per cent)	5 (26·4 per cent)	30	19 (63·3 per cent)	11 (36·7 per cent)

*Training*

Part II district midwifery training is arranged in conjunction with the West Dorset Group Hospital Management Committee. Midwives approved by the Central Midwives' Board as district teachers accept pupils in rotation as bookings permit. A pupil spends half of her six months training period on the district and in 1959 twenty-one pupils were trained as compared with twenty-three during the previous year.

*Maternal and Neonatal Deaths and Conditions Associated with Childbirth*

During the year forty-nine cases of puerperal pyrexia and four of ophthalmia neonatorum were notified compared with fifty and one respectively in 1958. As in previous years there was no impairment of vision and this disease is now little more than a nuisance.

An analysis of the neonatal deaths during the year reveals the following fundamental causes:—

<i>Cause of Death</i>	<i>No.</i>	<i>Percentage of Total</i>
Prematurity ..	25	53·2
Congenital defects ..	7	14·8
Birth injuries ..	5	10·6
Atelectasis ..	2	4·3
Respiratory infection	3	6·4
Rh. factor .. ..	2	4·3
Others .. ..	3	6·4
	47	100·0



*Infectious Diseases associated with Childbirth, Maternal and Neonatal Deaths, 1955-59*

<i>Cases Notified</i>					1955	1956	1957	1958	1959
Puerperal Fever:	Domiciliary Confinements	..	..	..	4	7	4	3	15
	Institutional Confinements	..	..	..	60	53	53	47	34
Ophthalmia Neonatorum:	Domiciliary Confinements	..	..	..	6	—	3	—	—
	Institutional Confinements	..	..	..	1	2	3	1	4
Maternal Deaths	..	..	..	..	1	2	—	3	2
Neonatal Deaths	..	..	..	..	79	74	59	46	47

*Comparison between Hospital and Domiciliary Confinements, 1955—1959*

	<i>Poole Area</i>					<i>South Dorset Area</i>					<i>Remainder of County</i>					<i>Whole County</i>				
	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959
1. The total number of live births notified during the year .. .. .	1227	1256	1226	1269	1193	943	934	985	912	987	1866	1861	1861	1966	2024	4036	4051	4072	4147	4204
2. The percentage of notified births which took place in hospitals and nursing homes .. ..	48	51	51	39	43	75	74	75	75	75	60	61	60	57	57	60	61	60	54	57
3. The percentage of domiciliary confinements .. ..	52	49	49	61	57	25	26	25	25	25	40	39	40	43	43	40	39	40	46	43

**HEALTH VISITING (Section 24) (Table 13)***Administrative Arrangements*

The total establishment of health visitors in the county is now forty-one; county area twenty-two, Poole area twelve and South Dorset area seven. Health visitors are also employed as school nurses and spend an average of three sessions per week on these duties. In the county area the districts of the local medical officers of health are sub-divided and each health visitor is allocated an area in which she is responsible for all health visiting duties. It has been possible to maintain a full establishment and when posts are advertised there is no difficulty in filling them with suitably qualified women.

The day to day administration of the health visiting service is carried out by the county nursing officer with the help of one assistant in the Borough of Poole and two for the rest of the county; the equivalent of one and a half superintendent health visitors are employed on these duties. In addition there are four liaison health visitors whose duties are connected with the social services. Of these two are concerned with the domiciliary care of the aged, one with the care of physically handicapped persons other than the blind and deaf, and one with the rehabilitation of problem families in Poole. There is one health visitor for chest diseases in Poole who in addition acts as a liaison between the chest clinic and the district health visitors.

Conferences are held from time to time and guest speakers address these staff meetings.

*Routine Visiting*

There have been no changes during the year. A record card is forwarded to the appropriate health visitor following the notification of each birth so that she may commence visiting at the appropriate time in order to give advice on general management and health matters. In cases of domiciliary confinement in the county area the midwife ceases to visit on the twenty-eighth day of the puerperium, when the health visitor becomes responsible. In the Poole area health visitors take over on the fourteenth day. In cases of hospital confinement the health visitor is notified on the day of discharge and visits the home within the following few days. Known particulars of each infant, whether born at hospital or at home, are forwarded to the health visitor so that at her first visit to the home she may be familiar with the salient features of the case. Following the first visit circumstances determine the frequency of follow-up and this method of selective visiting has worked extremely well. As in previous years more time is being given to problem families and aged persons. Details of these schemes appear elsewhere in the report.

*Special Visiting**Schools Follow-up and Cleanliness*

Each health visitor in her capacity of school nurse carries out follow-up visits in connection with defects detected at school medical inspections and also visits the homes of school children for the purpose of making special reports when required by the school medical officer. She visits the schools regularly in order to assist the medical officer at medical examinations and on her own account for hygiene inspections and weighing.

During the year under review health visitors have continued to give talks on health education and mothercraft to senior girls at selected secondary modern and grammar schools in the county. These talks, well received by teaching staff and pupils, have a stimulating effect on personal hygiene and are valuable in giving the girls an insight into the aims and objects of preventive medicine. From the County School for Girls, Dorchester, organised groups attended the clinic for short courses of instruction in child welfare.



### *Tuberculosis*

A special health visiting record card, giving such details as home address and type of the disease, is sent to the appropriate health visitor for each new case added to the tuberculosis register. The home is visited and a report on environment and contacts, together with recommendations concerning any service the patient requires that can be provided under the care and after-care scheme, is made to the central office within ten days. In all cases a copy of this report is sent to the chest physician so that he can arrange for the examination of contacts and B.C.G. vaccination in suitable cases. The chest physician in turn notifies discharges from sanatoria and arrangements are made for the health visitor to commence visiting as soon as possible. This she continues to do at least once in every three months when the disease is active and six-monthly in quiescent cases.

During the year negotiations took place with the Wessex Regional Hospital Board as a result of which the health visitor seconded to the Poole Chest Clinic was relieved of much of her duties there. This enables her to spend more time on tuberculosis visiting in the Dorset and liaison duties with the district health visitors. A health visitor is seconded for approximately half her time to chest clinics in West Dorset.

Monthly conferences with the chest physician are arranged at Dorchester and Poole and attended by about half the health visitors on each occasion. Information is exchanged between the clinic staff and the health visitors and this has proved to be of considerable benefit to the patients.

### *Poliomyelitis Vaccination*

The scheme, initiated during 1956 and later expanded to include all persons up to the age of twenty-six years, has given considerable additional work to the health visitors and the success of the vaccination programme is in no small measure due to their enthusiastic efforts. The house to house campaign carried out in 1956, followed by propaganda in the home, clinic and schools, has an important bearing on the success of vaccination against this disease.

### *Care of the Elderly*

The concept of the care of the family as a whole has now been well established in this county. Work is carried out with all groups in the community and the health visitors pay special attention to elderly persons. Arrangements are made to inform the aged of the services available and this work, which increases each year, is found to be time consuming.

Hospital almoners and family doctors refer cases to health visitors who in turn submit special record cards to central office where they are closely scrutinised by the two liaison health visitors and the senior medical officer for welfare services. This branch of the work has become a most important part of the social services and it is evident that a new concept of the duties of a health visitor is emerging.

### *Surveys*

In addition to their routine duties, health visitors play a valuable part in various national and local surveys that are undertaken from time to time on problems of socio-medical importance. These surveys, as well as contributing to medical knowledge, give an added interest to their work and details of the research undertaken under this heading are given later in this report.

### *Attendance at Clinics*

The health visitor is responsible for the infant welfare centres in her area and attends all sessions as part of her duties; districts are arranged that each health visitor has at least one clinic to supervise. Advice is given on the various problems raised by mothers and when necessary consultations with the clinic medical officers are arranged. Most of the children are immunised or vaccinated at the child welfare centres and when possible booster doses are given before the child reaches school age. Health education is a prominent function of the centre and in this the health visitor plays a major role.

### *Co-operation with General Practitioners*

In many districts the health visitor works in close co-operation with the family doctor on matters connected with his patients. This works well in the rural districts where the health visitor can pay personal visits to the surgery but complaints are frequently received from practitioners that they are unable to communicate by telephone. It is hoped that in the near future it will be possible for most of the health visitors to be based on clinics where they will be available for short periods each week. The county council policy is not to provide health visitors with telephones in their own homes.

### *Co-operation with Hospitals*

In cases of early discharge from hospital where care is needed for mothers, children and old people, the hospital almoners notify either the health department or the health visitor direct. Health visitors also visit the home when information is required regarding environmental conditions before patients are discharged.

Co-operation has been well maintained during the year and has proved particularly valuable in the follow-up of mothers and old people after returning home from hospital.

In Dorchester, Poole and Weymouth health visitors attend on rota at hospital paediatric clinics where they are able to advise the paediatrician regarding the home conditions of the children and in their follow-up visits to the home ensure that advice given to the parents is being reasonably interpreted. In the South Dorset area health visitors attend the special ear, nose and throat clinics for children.

Where space and facilities are available the health visitor attends the hospital and ante-natal clinics to give talks and practical demonstrations on mothercraft. In addition to the obvious benefits to the mother, this arrangement enables the health visitor to be fully informed on all circumstances concerning the confinement so that subsequent visiting is made easier.

### *Facilities for Refresher Courses*

All health visitors in the employment of the county council attend a post-graduate course of study once in five years. During the year courses attended have provided special instruction on health education techniques and methods of capturing the interest of the public in current developments and advances in the prevention of disease in the community.

### *Training*

No arrangements are made to assist suitable officers to obtain the health visitor's certificate and no facilities are offered by the council for student health visitors.

*Summary of Visits paid by Health Visitors during 1958—1959  
(excluding work as school nurse)*

Type of Visit	1958		1959	
	First Visits	Total Visits	First Visits	Total Visits
<i>Routine Visits:</i>				
Expectant Mothers .. .. .	1,034	1,480	1,020	1,475
Post-Natal Cases .. .. .	2,951	3,416	2,938	3,316
Children under one year .. .. .	4,296	25,527	4,341	24,591
Children between one and two years .. .. .	135	14,366	152	13,446
Children between two and five years .. .. .	255	23,677	242	22,757
<i>Special Visits:</i>				
Ophthalmia Neonatorum .. .. .	1	1	2	3
<i>Care and After-Care:</i>				
Tuberculosis Households .. .. .	208	2,582	230	2,208
Tuberculosis Patients .. .. .	218	2,814	234	2,415
Mental Health .. .. .	18	133	3	106
Old People .. .. .	772	4,888	1,122	6,258
Other After-Care Visits .. .. .	67	604	112	725
Problem Families .. .. .	89	1,255	71	2,159
Other categories of Mental Illness .. .. .	*	*	7	48
<i>Handicapped Persons:</i>				
General Classes .. .. .	207	937	198	1,151
Deaf and Dumb .. .. .	—	21	1	38
Hard of Hearing .. .. .	7	23	4	36
Blind and Partially sighted .. .. .	*	*	2	41
<i>Miscellaneous:</i>				
Maternity and Child Welfare Clinics attended .. .. .	—	2,786	—	2,544
Chest Clinics attended .. .. .	—	635	—	562
Lectures or Talks given .. .. .	—	406	—	348
Other Home Visits .. .. .	—	1,902	—	2,369

\*Figures not available

## HOME NURSING (Section 25)

### *Administrative Arrangements*

As from 1st July, 1948, the service was delegated to the Dorset County Nursing Association who act as agents for the county council and the arrangements covers the whole county. The supervision of the service is carried out by the County Nursing Officer assisted by her deputy and an assistant.

The home nurses in all rural areas combine midwifery and general nursing. In the more densely populated towns, i.e. Poole, Weymouth, Dorchester and Bridport home nurses are employed who have no midwifery duties.

The areas covered by individual nurses have populations sufficiently scattered to make car transport necessary. A travelling allowance is paid to fifty-seven nurses using their own cars, twenty nurses are provided with cars owned by the county council or the nursing association and two nurses use auto-cycles.

### *Co-operation with General Practitioners*

Applications for the services of the home nurses are made by family doctors or through patients or relatives direct to the nurse concerned. The nurse works in close co-operation with the doctor and arrangements are made for them to meet either at the home of the patient or at the surgery in order to discuss mutual problems concerning patients.

In Poole there is a central office to deal with enquiries, especially by telephone, and the allocation of cases. This is found necessary in this populous area but it would be uneconomical for the smaller districts where the nurse can deal with her own calls.

### *Liaison with Hospitals*

Discharge notices of patients requiring treatment are sent by the almoners in Poole to the central office and elsewhere direct to the nurse concerned. This ensures continuity of treatment and the arrangement works well.

### *Refresher Courses*

Midwives attend post-graduate courses once every five years. Full-time home nurses attend such courses as are available from time to time.

### *Training*

Arrangements are made by the Dorset County Nursing Association through the Queen's Institute of District Nursing for selected candidates to be given Queen's training. During the year two candidates were sponsored in this way and on completion of training returned to take up duties in the county.

## Home Nursing Staff, 1955—1959

	1955		1956		1957		1958		1959	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Administrative .. ..	—	3	—	3	—	3	—	3	—	3
Senior Nurse .. ..	1	—	1	—	1	—	1	—	1	—
Queen's Nurse (Male) ..	1	—	1	—	1	—	1	—	1	—
Queen's Nurse (Female) ..	13	41	13	41	16	36	15	34	14	34
State Registered Nurse ..	6	4	7	3	6	6	8	7	8	10
State Enrolled Assistant Nurse ..	1	7	1	7	1	7	1	7	1	7
Equivalent Whole-time Home Nursing Staff (omitting Administrative Staff) ..	47·5		47·0		49·5		50·0		50·5	
Queen's district training through Dorset County Nursing Association .. ..	2		2		1		2		2	

## Summary of Cases attended and Visits paid by Home Nurses, 1957—1959

Classification	1957		1958		1959	
	Cases	Visits	Cases	Visits	Cases	Visits
Medical .. .. .	6,256	126,317	5,738	124,557	5,860	120,818
Surgical .. .. .	2,000	30,961	1,941	30,786	1,787	32,533
Infectious Disease .. .. .	7	38	4	32	17	47
Tuberculosis .. .. .	134	5,954	111	4,934	105	5,196
Maternal Complications .. .. .	58	285	41	227	32	258
Others .. .. .	39	101	37	91	34	139
Totals .. .. .	8,494	163,656	7,872	160,627	7,835	158,991
Patients 65 or over included in above ..	5,048	114,991	4,754	115,245	4,499	109,145
Children under 5 included in above ..	523	2,461	342	1,620	397	1,929
Patients included in above with over 24 visits	1,553	112,330	1,567	115,872	1,551	111,433

## Summary of Cases Attended and Visits Paid by Home Nurses, 1955—1959

Authority	Number of cases attended by Home Nurses during the year					Number of visits paid by Home Nurses during the year				
	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959
The County Council by agreement with the Dorset County Nursing Association ..	9,276	8,061	8,494	7,872	7,835	168,873	163,646	163,656	160,627	158,991



## IMMUNISATION AND VACCINATION (Section 26) (Tables 14—19)

### Diphtheria, Whooping Cough and Tetanus Immunisation

#### *Administrative Arrangements*

The use of the triple antigen, which enables children to be immunised against diphtheria, whooping cough and tetanus simultaneously with the minimum number of injections, has continued. Owing to the remarkable change in the incidence of poliomyelitis in the county it is possible to continue immunisation throughout the year. The procedure is carried out by family doctors and at child welfare clinics by giving three injections at monthly intervals starting at the fourth or fifth month of life. Defaulters are practically unknown and the children tolerate the injections well at that time. The number of children receiving protection remains at a highly satisfactory level.

#### *Measures to Encourage Immunisation*

Lectures are given at clinics, schools, parent-teacher associations, women's institutes and to other interested bodies. Leaflets are distributed and posters displayed in public buildings and clinics but the most effective form of publicity, however, is direct with the parents by doctors and health visitors. The formal side of the education has been somewhat curtailed as a result of the intensive poliomyelitis immunisation campaign but there is a continued need to combat the sense of confusion which the multiplicity of immunological procedures has produced in the minds of the public. It is difficult to see how this can be achieved successfully but the use of personal records provided by the makers of the prophylactics is of considerable assistance and may well be developed further in coming months.

### Smallpox Vaccination

#### *Administrative Arrangements*

There has been no change in the administrative arrangements. The number of vaccinations of children under one year was 1,215 as compared with 1,066 in 1958 and of children of one to four years the number was 1,444 as compared with 1,297 in the previous year. A total of 2,924 persons were vaccinated during the year and 663 were re-vaccinated.

Although the vaccination state could be considerably improved the number of children vaccinated in the first two years of life is over sixty per cent of the number of births in each year.

#### *Organised methods to encourage vaccination*

In addition to the exhibition of posters and publicity material more films have been shown at child welfare centres and every opportunity is taken to include the subject in the health education campaign.

#### *Arrangements in the event of an outbreak of smallpox*

In the event of a smallpox outbreak in any part of the county creating a large emergency demand for smallpox vaccination or re-vaccination, arrangements would be made with medical practitioners for special sessions to be held the public being informed of the measures in operation by means of press notices, announcements in cinemas and other places of entertainment and by loud-speaker vans.

### Poliomyelitis Vaccination

#### *Administrative Arrangements*

The majority of immunisations continue to be carried out by the county medical staff, but an increasing number are being done by family doctors. As far as young children are concerned the matter has become routine and by the end of 1959 it was estimated that over ninety per cent of children up to the age of sixteen years had been successfully vaccinated against poliomyelitis. In addition protection has been given to a high proportion of expectant mothers and others for whom special arrangements are made.

The scheme for the vaccination of young persons, born between the years 1933 and 1942 inclusive continues. Special measures were introduced to encourage these young persons to present themselves for vaccination and by the end of the year approximately fifty per cent of them had received some degree of protection. Places of employment have co-operated in encouraging members of the staff to avail themselves of the service and gratitude is due to the many employers who have allowed time off for the procedures to be carried out.

#### *Statistics*

The number of persons who completed a course of poliomyelitis vaccination during 1959 is shown below:—

<i>Class</i>	<i>County Area</i>	<i>Poole Area</i>	<i>S. Dorset Area</i>	<i>Totals</i>
Children born in years 1943—1959 .. ..	8,801	4,299	2,395	15,495
Young persons born in years 1933—1942 ..	6,742	5,961	2,648	15,351
Expectant Mothers .. ..	867	390	470	1,727
General practitioners and their families ..	33	10	33	76
Ambulance staff and their families .. ..	13	—	—	13
Hospital staff, medical students and their families .. ..	104	104	158	366
<b>Totals .. ..</b>	<b>16,560</b>	<b>10,764</b>	<b>5,704</b>	<b>33,028</b>

In addition, 822 persons received the first injection only.

### *Organised measures to encourage vaccination*

Arrangements were made to explain the merits of vaccination by lectures, press articles and individual approach to parents by health visitors.

## **AMBULANCE SERVICE (Section 27) (Tables 20 and 21)**

### *Administrative Arrangements*

In the annual report for 1958 reference is made to the proposed reorganisation of the service in order to cope with increasing demands without any appreciable increase in cost. With this object in view a policy of centralisation has been adopted, demands for transport being submitted to Ambulance Control at County Hall which can call ambulances anywhere in the County by wireless.

This new scheme is being implemented by stages; on 1st July, 1959, all central, west and north Dorset came under Central Control; Weymouth and south Dorset followed on 1st September, and Poole and east Dorset will be included later.

One result of this reorganisation is reflected in the efficiency table which follows. There the figures for the ambulance service in the columns headed 'Miles per Patient' and 'Patients per Journey' may be seen to compare most favourably with those for the previous year and is, in fact, the greatest improvement for a single year yet recorded. In addition 62,000 more miles were run and 12,600 more patients carried without any increase in establishment. The greatest gain however has been in efficiency since vehicles can now be switched more readily from a routine task to an emergency.

The voluntary organisations in Shaftesbury, Gillingham and Char mouth continue to operate satisfactorily and mutual aid agreements with neighbouring health authorities have been renewed.

A team from Bridport ambulance station was placed second when competing with teams from six other local authorities in the regional ambulance competition at Gloucester in May. This competition has now been in existence seven years and during that period different teams from Dorset have twice won the trophy and have been runners-up on four occasions.

The names of forty-four drivers were entered for the safe driving competition and of these thirty-nine received awards.

### *Ambulance Stations*

Sturminster Newton has been selected as the most suitable location for the main ambulance station in North Dorset and plans are now in preparation for the construction of garages and living quarters adjacent to the offices of the rural district council. The employment of personnel at the Dorchester ambulance station has been changed from shift work to day work, two drivers being on stand-by duty in their own home at night.

### *Vehicles and Equipment*

Two Austin ambulances with fibre glass bodies and two Bedford dual purpose vehicles were purchased. A new Bedford ambulance was also purchased by the St. John Ambulance Brigade in Shaftesbury who carry out the ambulance work in that area on an agency basis.

### *Statistics*

*Comparative Mileage Table*

<i>Year</i>	<i>Ambulance Service</i>		<i>Hospital Car Service</i>		<i>Both Services Combined</i>	
	<i>Mileage for year</i>	<i>Increase (+) or decrease (—) on previous year</i>	<i>Mileage for year</i>	<i>Increase (+) or decrease (—) on previous year</i>	<i>Mileage for year</i>	<i>Increase (+) or decrease (—) on previous year</i>
1950	334,200	+ 96,124	396,888	+ 19,709	731,088	+ 115,833
1951	363,728	+ 29,528	385,247	— 11,641	748,975	+ 17,887
1952	378,199	+ 14,471	376,526	— 8,721	754,725	+ 5,750
1953	440,612	+ 62,413	388,991	+ 12,465	829,603	+ 74,878
1954	434,659	— 5,953	420,231	+ 31,240	854,890	+ 25,287
1955	459,421	+ 24,762	471,308	+ 51,077	930,729	+ 75,839
1956	443,576	— 15,845	501,109	+ 29,801	944,685	+ 13,956
1957	448,778	+ 5,202	482,494	— 18,615	931,272	— 13,413
1958	461,046	+ 12,268	577,098	+ 94,604	1,038,144	+ 106,872
1959	487,746	+ 26,700	612,880	+ 35,782	1,100,626	+ 62,482

Efficiency Table

Year	Ambulance Service		Hospital Car Service	
	Average mileage per patient	Average number of patients per journey	Average mileage per patient	Average number of patients per journey
1952	9.15	1.75	9.95	2.78
1953	10.01	1.77	9.13	3.05
1954	9.40	1.88	9.47	3.11
1955	9.37	1.97	9.61	3.00
1956	9.36	2.02	9.49	3.07
1957	8.98	2.23	9.83	3.00
1958	9.18	2.32	9.70	3.02
1959	8.35	2.66	9.77	3.02

### PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

This section of the National Health Service Act gives a wide scope to local health authorities for implementing schemes for the prevention of illness, and for the after-care of patients generally.

#### Tuberculosis

##### Administrative Arrangements

In accordance with the Public Health (Tuberculosis) Regulations, 1952, a central register is maintained at the county health department. Health visiting record cards are issued for each new case, and the home is visited initially and thereafter at three-monthly intervals by the district health visitor until the case becomes quiescent. Two health visitors attend the chest clinics at Poole and Dorchester respectively, and act as liaison officers between the chest physicians and the district health visitors. This means of co-operation has worked well and has been supplemented by monthly conferences when the district medical officer, the health visitor and chest physician meet to discuss the clinical and social aspects of the individual cases. Notifications of admission to hospital are received from the chest physicians and passed to the health visitors. When a death is attributed to tuberculosis and no notification has been received during the lifetime of the patient, the medical practitioner is contacted and all relevant details are passed to the chest physician in order that follow-up action of contacts may be carried out.

The Dorset Branch of the British Red Cross Society continues to provide an efficient after-care service to meet the needs of tuberculous patients.

Arrangements are made at the county health department for issuing free milk grants to necessitous cases and providing sleeping shelters as required for domiciliary cases.

##### Employment

During the year no difficulty has been experienced in excluding from employment infectious workers suffering from tuberculosis. This aspect of tuberculosis prevention and after-care is particularly important where older patients, who are still in an infective state, are employed in close contact with younger persons. Close liaison is maintained between the chest physician and the re-settlement officer regarding the placement of a few sputum positive patients capable of work, and no cases thought likely to be a danger to others have persisted in anti-social activities. With new treatment methods, however, the number of such cases who are not rendered free from infection in a short time is rapidly decreasing.

The county council undertakes financial responsibility for the maintenance of cases specifically recommended by the chest physician for admission to rehabilitation centres. During the year two such persons were admitted to the Enham Alamein village centre.

##### Statistics

#### Tuberculosis—Care and After-Care

	1955	1956	1957	1958	1959
Number of visits paid by Health Visitors ..	3,304	3,365	3,288	2,814	2,415
Number of shelters provided ..	5	5	5	4	4
Number of patients receiving milk grants ..	42	26	33	55	57
Total number of pints of milk issued ..	18,481	12,510	11,780	17,792	19,065
Average number of pints of milk per day issued .. .. .	50.6	34.2	32.2	48.7	52.2



*B.C.G. Vaccination of Tuberculosis Contacts*

In the past ten years a scheme for the vaccination of contacts of persons suffering from tuberculosis has been implemented throughout the county. All persons having been in close contact with active cases of tuberculosis are tested by the chest physician and B.C.G. vaccination is carried out on all suitable contacts. Following preliminary skin tests 328 children received vaccination compared with 390 in 1958. For the second successive year a fall in the number of contacts vaccinated has occurred.

*Statistics*

*B.C.G. Vaccination of Child Contacts*

	1955	1956	1957	1958	1959
Number of contacts successfully vaccinated	317	383	489	390	328

*B.C.G. Vaccination of Schoolchildren*

The scheme for the vaccination of thirteen year old schoolchildren continued in 1959 and it was possible to investigate children who had been missed in the previous year due to pressure of work in connection with the poliomyelitis vaccination scheme. In general the medical officers carrying out the vaccination in the county area were not satisfied with the conversion rate obtained by the freeze-dried vaccine and, as a result, it was decided to revert to the use of the original product. Altogether sixty-eight schools were visited during the year and these included all public and preparatory schools in the county attended by thirteen year old children. Of the 5,942 children eligible parental consent was given in 81·3 per cent which is a considerable improvement on the figures for the previous five years. No special measures to encourage this type of vaccination were carried out.

Once again the percentage of B.C.G. vaccinations of children tested was higher than in the previous year. The number of positive reactors was 10·9 per cent which is considerably lower than when the figure was 37 per cent in 1954, and it must be assumed that the incidence of infective cases of tuberculosis in the community is being reduced annually. It is now possible for all children with positive reactions to the preliminary test to be x rayed.

*Statistics*

*B.C.G. Vaccination of School Children*

	1955	1956	1957	1958	1959
Number of schools visited ..	38	73	86	56	68
Number of children in age group ..	2,856	4,903	6,582	2,266	5,942
Number of parental consents ..	2,141 (75 %)	3,318 (67·5 %)	4,621 (70·2 %)	1,753 (77·3 %)	4,333 (81·3 %)
Number of children Mantoux tested	2,003	3,244	4,260	1,601	4,174
Positive reactors ..	404 (20 %)	628 (19 %)	687 (16·1 %)	237 (14·8 %)	455 (10·9 %)
Negative reactors vaccinated	1,574	2,584	3,441	1,347	3,673
Absentees ..	24	32	132	141	159

*Mass Miniature Radiography*

As in previous years mass miniature radiography has been undertaken in the county by the Dorset, West Hampshire and South Wiltshire unit of the Wessex Regional Hospital Board and I am indebted to the medical director for details of the work in this area. The main centres of population are visited regularly and visits paid to places of work, schools, etc. A considerable amount of preparation and publicity is undertaken before a local campaign is launched and the unit staff work in close cooperation with the district medical officers of health, county health department, school teachers, employers of labour and others.

During the year the arrangements have continued to run smoothly and the number taking advantage of the service continues at a high level. A total of 22,158 persons were examined in the county and of these 207 (0·93 per cent) were recalled for full size radiological photographs to be taken. Following this second examination 96 (0·43 per cent) were examined clinically and of these sixty-three were referred to the chest physician as suspected cases of pulmonary tuberculosis. It is interesting to note, however, that fifty-one were referred either to the chest clinic, the family doctor or the hospital as suffering from an unsuspected non-tuberculous lesion. It would appear therefore that the mass radiography unit is now serving a purpose for which it was not originally intended but nevertheless a most important one.

*Statistics*

*Examination and follow-up of cases 1959*

Number examined ..	22,158	
Number recalled for large film examination	207	(0·93%)
Number recalled for clinical examination ..	96	(0·43%)
Number referred to Chest Clinic ..	63	(0·28%)
(a) probably tuberculous ..	43	(0·19%)
(b) probably non-tuberculous ..	20	(0·09%)
Number referred to doctor or hospital ..	31	(0·14%)

*Ultimate diagnosis and Disposal of cases referred to chest clinic*

	Male	Female	Total
Number of cases diagnosed as active pulmonary tuberculosis and recommended for hospital treatment .. .. .	2	3	5
Number of cases diagnosed as active pulmonary tuberculosis and recommended for domiciliary treatment .. .. .	3	5	8
Number diagnosed as tuberculosis requiring occasional outpatient supervision only .. .. .	8	11	19
Number classified as inactive tuberculosis, no further action considered necessary .. .. .	2	—	2
Number not yet classified .. .. .	6	2	8
Number did not attend chest clinic .. .. .	1	—	1

*Diagnosis and disposal of non-tuberculous cases*

	Male	Female	Total
Number referred to chest clinic .. .. .	—	—	20
Number referred to doctor or hospital .. .. .	—	—	31
Cardiovascular lesions .. .. .	7	7	14
Primary carcinoma of lung .. .. .	2	1	3
Secondary carcinoma of lung .. .. .	—	2	2
Non-malignant neoplasm .. .. .	1	—	1
Non-tuberculous conditions .. .. .	16	11	27
Not yet classified .. .. .	3	1	4

*Age groups examined and incidence of active pulmonary tuberculosis*

	Under 14	14	15—19	20—24	25—34	35—44	45—54	55—59	60—64	65+	Total
<i>Males:</i>											
Examined .. .. .	283	340	1,982	699	1,880	1,926	1,640	592	441	639	10,422
Active Cases .. .. .	—	—	1	—	—	2	—	—	2	—	5
Rate per 1,000 .. .. .	—	—	0.50	—	—	1.03	—	—	4.53	—	0.48
<i>Females:</i>											
Examined .. .. .	276	333	1,983	1,120	2,025	2,195	1,956	691	494	663	11,736
Active Cases .. .. .	1	—	1	2	2	—	2	—	—	—	8
Rate per 1,000 .. .. .	3.62	—	0.50	1.78	0.98	—	1.02	—	—	—	0.68

*Odelca Camera Unit*

In addition to the work carried out by the 35 mm. Unit, the Regional Hospital Board provided a 100 mm. Odelca Camera Unit which is installed in a motor vehicle complete with office space and generating its own power. This unit is primarily intended for general practitioner referral cases, and is staffed by one radiographer and one clerk. Starting at the beginning of April it has paid weekly visits to Weymouth and Poole and fortnightly visits to Portland and Dorchester, but in the light of experience gained the scheme will be extended to include other areas. The unit is also used for surveys in small factories and institutions, routine X-ray of hospital staffs and has been made available to the local health authority for pre-employment examination and also for the routine examination of Naval personnel in Weymouth.

The service has been greatly appreciated by the doctors in the area and has proved a valuable and fruitful method of detecting new active cases of pulmonary tuberculosis and other chest conditions.

*Statistics*

During the year 5,344 examinees had attended in the county, 332 of whom had been referred by the local health authority.

An analysis of the results is as follows:—

Number x-rayed .. .. .	5,344
Number referred to chest clinic .. .. .	102

	Male	Female	Total
Tuberculosis, requiring hospital treatment .. .. .	5	4	9
Tuberculosis, requiring domiciliary treatment .. .. .	3	2	5
Tuberculosis, requiring occasional supervision only .. .. .	8	8	16
Inactive tuberculosis, no further action necessary .. .. .	1	1	2
Carcinoma of lung .. .. .	7	1	8
Non-tuberculous conditions .. .. .	25	28	53
Not yet classified .. .. .	8	1	9
	57	45	102
Number referred to doctor—62			
Cardiovascular lesions .. .. .	8	6	14
Non-tuberculous conditions .. .. .	23	15	38
Not yet classified .. .. .	6	4	10
	37	25	62

The work of the two units must be regarded as complementary, but it will be seen that the 100 mm. unit, working to a large extent on a specialised group and with approximately only one quarter of the attendances, picked up more significant cases than the 35 mm. unit.

### Other Illness

#### After-Care

In exercising their functions under this heading, the Dorset County Council utilises the services of the Dorset Branch of the British Red Cross Society whose organisation caters for the requirements of persons where their needs are attributable to illness. Arrangements are made to provide care and after-care services to patients discharged from hospital or homebound invalids, including the aged and chronic sick.

Cases are referred from many and varied sources and the council has been fortunate in obtaining the services of two experienced health visitors whose principal duties are to co-operate with the hospital and specialist services in order that the requirements of cases due for discharge can be accurately assessed and arrangements made for the provision of medical equipment or nursing aids when needed.

The county council's holiday home scheme caters for persons who, after illness, require a period of rest, change of scenery, good food and fresh air to restore them to normal health but who require no medical treatment or nursing attention. Cases are considered for admission on the recommendation of a hospital physician, general practitioner, or assistant county medical officer. The homes used are run on a private non-profit making basis and the county council exercise their powers to recover from persons availing themselves of this service such charges as are considered reasonable having regard to their means.

During the year under review arrangements were made for the admission of twenty-one female and nine male patients to suitable holiday homes.

#### Statistics

##### After-Care Services provided by the Dorset Branch of the British Red Cross Society

	1955	1956	1957	1958	1959
<i>Home Visiting:</i>					
Number of home visits .. .. .	7,602	6,138	4,784	5,124	4,967
Number of new cases seen .. .. .	230	145	134	149	114
<i>Articles Supplied:</i>					
Special invalid foods .. .. .	1,805	1,719	1,010	736	550
Bedding .. .. .	155	118	163	79	61
Handicraft Materials .. .. .	867	773	828	901	808
Clothing .. .. .	155	177	204	—*	—*
Medical Aids .. .. .		No figures	available		252

\* Figures no longer available as requests now met by W.V.S.

#### Venereal Disease

The services of health visitors are available to undertake the follow-up of persons referred by consultants in venereal diseases in charge of regional hospital board centres but these facilities are seldom used.



The number of Dorset patients dealt with for the first time during 1959 at treatment centres was 205, classified as follows:—

<i>Treatment Centre</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>	<i>Totals</i>
Bournemouth .. .. .	1	2	23	26
Dorchester .. .. .	5	3	16	24
Poole .. .. .	2	16	62	80
Salisbury .. .. .	—	—	1	1
Weymouth .. .. .	4	2	64	70
Yeovil .. .. .	—	1	3	4
Totals .. .. .	12	24	169	205

There has been a slight reduction in the number of cases of syphilis notified but gonorrhoea and other conditions show a slight increase throughout the county.

### Domiciliary Care of Old People

#### General Arrangements

The work of health visitors among elderly persons continues to increase and the number of the latter on the register now amounts to 2,823. The health visitors are encouraged to keep in close consultation with general practitioners concerning any of their patients where this is indicated and as all their work is supervised by the two liaison health visitors this ensures close cooperation with the hospital authorities and all other sections of the department. The greatest importance is placed on encouraging elderly persons to lead an independent life in their own homes and, as detailed elsewhere in this report, the council co-operate with local housing authorities in the provision of special dwellings for old people. The home nursing and domestic help services have been used as fully as possible and the meals on wheels service continues to increase. Early in the year laundry facilities for the elderly were established in the Poole area as an adjunct to the domestic help service. When all domiciliary care becomes insufficient admission to residential accommodation is recommended, but the waiting list remains long and cases have to be admitted according to the degree of urgency.

#### Statistics

<i>Cases on Register on 1.1.1959</i>	<i>Entered Hospital or Nursing Home</i>	<i>Entered Part III or Private Accommodation</i>	<i>Left County</i>	<i>Deaths</i>	<i>Registrations on 31.12.59</i>
2,133	199	162	161	439	2,823

#### Meals on Wheels

The Women's Voluntary Service has again given invaluable help with the mobile meals service and the council are much indebted to the members of this organisation who give so much time to the work. The service plays an important part in the domiciliary care of old people; the meals are much enjoyed and appreciated by them, as also is their friendly contact with the helpers. During the year the service was introduced into two new areas and a continuing expansion may be anticipated.

#### Statistics

The number of persons receiving meals each year since the scheme started was:—

<i>Area</i>	1955	1956	1957	1958	1959
Bridport .. .. .	21	45	39	50	37
Corfe Castle .. .. .	—	—	—	—	7
Dorchester .. .. .	14	16	12	29	18
Ferndown .. .. .	—	7	8	—	—
Poole .. .. .	52	101	151	183	110
Swanage .. .. .	—	—	—	—	18
Weymouth .. .. .	36	71	86	88	67
Totals .. .. .	123	240	296	350	257

#### Provision of Old People's Dwellings by Local Housing Authorities

It has become well known that in preference to being admitted to an old persons home most of the elderly prefer to remain for as long as possible in their own homes in the area in which they have friends and social contacts. To assist them in this, the county council have for many years sought to co-operate with local housing authorities in the provision of dwellings provided with welfare facilities specially suited to the needs of old people.

In 1951 the county council first approved contributions being made towards expenses incurred by a district council in the provision of old people's dwellings and in the following year a scheme was approved whereby annual contributions would be paid to district councils generally in respect of the cost of welfare facilities provided in these houses.

In the health report for 1958 reference was made to the informal discussions which had been held with housing authorities in the county and to the revised proposals which were under consideration. The revised scheme, now approved by the county council, provides for the following contribution rates:

- (a) £30 for each dwelling in a group of dwellings where a full-time warden service and the requisite structural welfare facilities are provided.
- (b) £32 (in lieu of £30) for each dwelling coming within category (a) above, where, in providing a full-time warden service, the district council employs a deputy to act in the absence of the warden and in an emergency.
- (c) £20 for each one or two-bedroom unit of accommodation in the same locality or each isolated one or two-bedroom dwelling, with a modified warden service and the requisite structural welfare facilities.

District councils have complete freedom in the choice of tenants of the dwellings but the contributions are made only in respect of those dwellings which are occupied by old people who, on a medical assessment, are approved by the county medical officer of health as being, or likely within a reasonable time to be, in need of the welfare facilities which the dwelling affords. The scheme allows for the continuance of a contribution in special circumstances in which a dwelling is occupied by a tenant who cannot be regarded as being in need of the accommodation on medical grounds. There is also a joint assessment of the housing waiting lists of district councils and the county council's records of old people so that a realistic estimate can be made as to the need for special dwellings and of the number of tenants who could be approved for contribution purposes.

The scheme contains details of the structural welfare facilities considered desirable and the minimum facilities acceptable for contribution purposes are specified.

The duties of the wardens are determined by the district councils by whom they are employed but the county council require that wardens shall see the residents periodically and be responsible for taking appropriate action in any situation requiring attention. Where a full-time warden service is provided the warden is required to be available by call-bell or other system and to ensure that someone is nominated to deputise for him in his absence.

#### Statistics

Up to the end of 1959 the following dwellings provided or proposed to be provided especially for old people had been approved for contribution purposes subject to the specified conditions relating to occupancy and welfare facilities.

<i>Local Authority</i>	<i>Number of Dwellings</i>	<i>Location</i>
Beaminster R.D.C. .. ..	7	Beaminster
Blandford B.C. .. ..	7	Barnes Homes, Blandford Forum
	10	Harewood Place, Blandford Forum
Blandford R.D.C. .. ..	7	Hopsfield Estate, Milborne St. Andrew
	9	General Wolfe Close, Shroton
Dorchester R.D.C. .. ..	2	Near Dorchester
Poole B.C. .. ..	16	Trinidad Estate
	29	Waterloo House
Shaftesbury R.D.C. .. ..	18	Orchard Close, Fontmell Magna
Shaftesbury B.C. .. ..	11	Barton Hill, Shaftesbury
Sherborne U.D.C. .. ..	43	Durrant Close, Sherborne
Sturminster R.D.C. .. ..	14	Bonslea Mead, Sturminster Newton
	15	Vale Terrace, Shillingstone
	16	Stalbridge Close
	13	Marnhull
	2	Jesamine Cottages, Marnhull
	2	Kingston, Hazelbury Bryan
Weymouth B.C. .. ..	35	Sussex Road
	18	Radipole House Site (Approved in principle)
Wimborne U.D.C. .. ..	16	Leigh Park
Wimborne and Cranborne R.D.C. .. ..	5	Tricketts Cross, West Parley
	295	

### *Admission of Chronic Sick Cases to Hospital*

During the year co-operation with the hospitals has been maintained. In the area of the Bournemouth and East Dorset Group Hospital Management Committee the existing arrangements have been continued and patients placed on the waiting list for chronic sick beds have been visited by health visitors. A report is sent to the hospital on home conditions together with an opinion as to the need for priority of admission on social grounds.

Under the arrangements reported last year, all cases in the West Dorset Group Hospital Management Committee's area placed on the waiting list for a chronic sick bed have been visited by one of the senior medical officers. In a number of cases it has been found possible to admit persons to residential accommodation instead of to a hospital bed in agreement with the general practitioner concerned. Where it is obvious that a patient may have to wait some time before admission to hospital every attempt is made to provide any necessary domiciliary service that may be available. Close consultation is maintained with the group almoner over the transfer of cases from acute to chronic sick hospital beds. Co-operation with the Salisbury Group Hospital Management Committee has continued and this group accepts cases from certain parts of the north of the county. In this area health visitors report on the social conditions of patients on the chronic sick hospital waiting list.

All these hospital management committees are asked to notify the county medical officer of health at as early a date as possible of any elderly patient likely to be discharged from hospital. Arrangements can then be made for a health visitor to visit the home and arrange for any necessary domiciliary service which may be required. In some cases it has been possible to prevent the return of a patient to a most unsuitable home; such a case usually means that residential accommodation must be offered as soon as possible.

### *Statistics*

#### *Hospital Management Committees—Chronic Sick Admissions West Dorset Group*

<i>Requests for admission</i>	<i>Admissions to chronic sick hospitals</i>	<i>Assessed for Part III</i>	<i>Withdrawals—deaths, transfers to other areas</i>	<i>Waiting list at 31.12.59</i>
517	299	44	157	17

<i>Hospital Management Committee</i>	<i>Requests for investigation of home conditions</i>	<i>Requests cancelled through decease, etc.</i>	<i>Recommended for priority admission</i>	<i>Not Recommended for priority admission</i>
Bournemouth and East Dorset Group ..	97	27	65	5
Salisbury Group .. .. .	19	3	9	7

### *Prevention of Illness*

#### *Chiropody*

Following a statement by the Minister of Health that he was prepared to relax the restriction which had hitherto existed in relation to the provision of chiropody services, the county council in August 1959 approved arrangements with the Dorset branch of the British Red Cross Society for the provision of a chiropody service at clinics or other conveniently situated premises giving priority to elderly and physically handicapped persons and expectant mothers. Sessions are held almost every day at Poole, weekly or fortnightly at Blandford, Bridport, Dorchester, Hamworthy, Maiden Newton, Shaftesbury, Sherborne, Stalbridge, Sturminster Newton, Swanage and Wareham and monthly at Beaminster.

The long established Weymouth foot clinic, which the county council took over in 1948, continues to serve the South Dorset area.

#### *Prevention of Break-up of Families*

This important work has continued on the lines previously described and the combined efforts of the various officers and others concerned has undoubtedly been largely instrumental in preventing the disintegration of a number of families. The health visitors in particular and the district social services officers play a prominent part in this work and the success of their efforts is more often to be found in a steady improvement of a situation over a long period, or the prevention of its further deterioration, than in a readily apparent solution of the problem.

In March 1959 a joint circular was issued by the Ministry of Housing and Local Government and the Ministry of Health regarding homeless families and a special sub-committee was set up to consider this and make proposals for dealing with the problem in Dorset. By the end of the year the special sub-committee had put forward recommendations which included proposals for the early notification by district councils of tenants in arrears with their rent, the supervision of such families by the county council's welfare officers, the payment to district councils of any loss which they might suffer through continuing to house unsatisfactory tenants for a specified period and the payment of a contribution towards extraordinary dilapidations caused by such tenants.

The joint circular recognised that there were bound to be cases of eviction and made it clear that housing authorities should provide intermediate accommodation into which an evicted family could move, but it was further recognised that it might be necessary to admit families to accommodation provided by the county council under Part III of the National Assistance Act, 1948.

The sub-committee recommended that the same principles of the scheme already in operation with the Poole Borough Council be applied to any intermediate accommodation provided separately or jointly by other district councils and that the county council's decision not to provide under Section 21 (1) (b) of the National Assistance Act 1948 temporary accommodation for persons whose need arises solely by reason of eviction in circumstances which could reasonably have been foreseen, be reviewed.



<i>Classification</i>	<i>On Register 1.1.59</i>	<i>Registered during 1959</i>	<i>Removed during 1959</i>	<i>On Register 31.12.59</i>	<i>Case Conferences</i>
Problem families .. ..	94	30	15	109	15
Potential problem families ..	65	25	10	80	2
Totals .. ..	159	55	25	189	17

### Health Education

As stated by the Chief Medical Officer of the Ministry of Health in his annual report for 1958, one of the most valuable contributions which the health service can make, in an effort to promote health and protect the community against disease, is the development and expansion of health education on a firmer and sounder basis than hitherto.

Over the past few years health education in Dorset has developed rapidly and every opportunity has been taken, as far as existing staff permitted, to employ all types of media in the campaign. Use has been made of posters, leaflets, displays, films, filmstrips and other visual aids, and in-service training courses have been arranged for staff. During 1959 there was an increased demand from women's institutes, young wives' groups, parent/teacher associations and other organisations for talks on health subjects and 132 were given.

#### Home Safety

As a follow-up of the 'Guard that Fire' campaign which was launched in November 1958 displays and posters were exhibited at welfare centres and other prominent places and many talks were given on the subject. A new flannelgraph dealing with fire hazards was added to the library and an exhibition unit on falls, prepared by The Royal Society for the Prevention of Accidents, was installed for two weeks at the Dorchester clinic. This unit, incorporating an electrically self operated quiz, attracted much attention during the period of display. Similar exhibition units on burns and scalds have been booked for use in the future.

#### Smoking and Cancer of the Lung

In February the Ministry of Health, by courtesy of the British Broadcasting Corporation, arranged for copies of a telerecording of one of the B.B.C.'s 'Facts and Figures' programmes to be made available in 16 mm. form. This film presents the facts concerning the problem of smoking and lung cancer and leaves the viewer to draw his own conclusion. Although the B.B.C. programme was originally transmitted in 1957 the points made in the film remain valid and retain their impact.

A note to the effect that this film was available was included in the County Education Officer's circular letter to all head teachers and as an adjunct leaflets were circulated to all schools with children over the age of thirteen.

#### Care of the Teeth

This campaign was continued and the Principal School Dental Officer and a member of the staff dealing with health education gave several talks and filmshows to various organisations. The points stressed concerned a sensible and wholesome diet, the avoidance of sweet snacks between meals and regular dental inspection. At child welfare centres the health visitors drew the attention of mothers to the importance of avoiding the inclusion of too much sweetened food in the diets of young babies.

#### Displays

Two new pegboard triptych displays entitled 'Focus on Falls' were purchased for use at clinics and schools and two rotating lamp displays on home safety were installed at Dorchester and Poole respectively. In addition a six panel multi-coloured pegboard was obtained for exhibition purposes.

#### Training

An in-service training course on 'Human Relations' was held on 29th January. It was attended by medical officers, public health inspectors, health visitors, head teachers and other representatives of the health, education and children's departments. The Medical Director and Education Officer of the Central Council for Health Education gave illustrated talks on 'The Concept of Emotional Security', 'The Insecure Personality' and 'The Contribution of Drama to Health Education' which were followed by lively discussions.

Another course on 'Home Safety' was held on 14th March. The Publications Officer of the Central Council for Health Education gave a series of talks in the morning to domestic science teachers and in the afternoon her audience consisted of home helps.

#### Prophylactic Procedures

Medical officers, health visitors and nurses continued to exert their influence at child welfare centres and in the homes to persuade mothers to take advantage of the various prophylactics available for the protection of their children.

An intensive poliomyelitis vaccination campaign was carried out in the South Dorset Area. Publicity consisted of posters displayed in shops, factories, workshops, offices, post offices and multiple stores and at other special vantage points where young people congregate, i.e. youth clubs, sports clubs, dance halls, etc. Display advertisements in the local press, distribution of pamphlets in wage packets and through local libraries and the playing of a recorded appeal in cinemas were other methods used to bring home to the young people the desirability of their taking advantage of vaccination.

At the time of the first injection each person was given an appointment slip showing the date and time when the second injection would be given. Reminders regarding the second injection were also given by means of posters and press advertisements.

A total of 3,845 young persons in the South Dorset area between the ages of 15 and 26 have been given two injections representing approximately seventy per cent of the population.

## Lecture Notes

Each health visitor was supplied with copies of the following Ministry of Health advice and reference notes for use in connection with talks and publicity:—

Summertime Health (revised)  
The Dangerous Housefly (revised)  
Winter Health Hints (revised)  
Home Accidents  
Summer Food Hygiene  
Maternity and Child Welfare  
Tuberculosis in England and Wales  
Vital Statistics

## Films and Filmstrips

In April a second 16 mm. projector was purchased. The department now has two of these machines, one being based centrally at Dorchester and the other at Poole.

A film club was formed in the Poole area to cover clinics at Old Town, Oakdale and Hamworthy once per month. A brochure giving details of the club and the titles of the films to be shown was prepared and distributed to parents. Films were shown from 2.30 to 3.30 p.m. and parents were invited to remain after the shows to take part in discussions or ask any questions on the subject of the programme or, indeed, on any matter concerning health. A creche was provided for young children at each clinic.

The response from the mothers attending the clinics was not encouraging and attendances did not justify the continuance of the club as organised. The mothers in this area could not apparently spare the time to stay for the whole period as they had to collect their older children from school and in many cases their visit to the clinic coincided with their shopping day.

On the other hand it was found that talks and filmshows given to ad hoc groups during the evening were well attended and much appreciated by the parents who came for the express purpose of learning and taking part in the discussions.

The following filmstrips were added to the department's library during the year:

The Housefly—Carrier of Death and Disease  
Nutrition in Pregnancy  
Posture and Lifting  
Mental Health Services.

The housefly filmstrip was considered to be excellent health education material and two further copies were obtained for use in the Poole and South Dorset areas.

## Atomic Energy Research Establishment

As mentioned in my previous annual report, a liaison committee has been set up to deal with health, safety and public relations aspects of this establishment. The first meeting was held on 23rd September 1959 and representatives attending included those from the Atomic Energy Authority, Home Office, Ministry of Housing and Local Government, Dorset County Council, Wessex Regional Hospital Board, Local Authorities, Chief Constable, Ministry of Agriculture, Fisheries and Food, Avon and Dorset River Board, Southern Sea Fisheries, Dorset Farmers' Union, and military and naval establishments in the area.

## Statistics

Subject	Talks and/or Filmshows		Total Attendance
	Number	Per cent	
Home Safety .. .. .	27	20.45	1,991
Child Care .. .. .	25	18.94	1,226
Care of the Teeth .. .. .	15	11.36	1,323
Vaccination and Immunisation .. .. .	10	7.57	1,653
Local Government .. .. .	10	7.57	325
Childbirth .. .. .	9	6.82	187
Food Hygiene .. .. .	9	6.82	352
Mental Health .. .. .	4	3.03	228
First Aid .. .. .	4	3.03	885
Care of the Skin .. .. .	4	3.03	914
Road Safety .. .. .	4	3.03	758
Nutrition .. .. .	3	2.27	414
Clean Air .. .. .	2	1.52	15
Radiation Hazards .. .. .	2	1.52	590
Care of the Elderly .. .. .	1	0.76	8
Sex Education .. .. .	1	0.76	14
Common Cold .. .. .	1	0.76	200
Digestion .. .. .	1	0.76	590
Totals .. .. .	132	100.00	10,673

The following material was issued during the year:—

Leaflets .. .. . 15,821  
Posters .. .. . 493  
Bookmarks .. .. . 2,100  
Booklets .. .. . 1,768

### Occupational Health

During the year 317 medical examinations of applicants for county council appointments were carried out: 177 males and 140 females. The distribution according to departments of these examinations and the numbers who were rejected on medical grounds are shown in the tables. Ten persons, seven males and three females, were considered unfit for employment and a summary of the clinical conditions diagnosed in these candidates is recorded.

#### Statistics

Department	Number of Examinations			Number Unfit		
	Males	Females	Total	Males	Females	Total
Architect's .. .. .	5	—	5	—	—	—
Children's .. .. .	3	12	15	—	—	—
Clerk's .. .. .	2	4	6	—	—	—
Education .. .. .	77	84	161	3	—	3
Fire Brigade .. .. .	23	—	23	—	—	—
Health .. .. .	5	21	26	—	1	1
Library .. .. .	2	3	5	—	—	—
Planning .. .. .	1	—	1	—	—	—
Police (Civilian staff) .. .. .	7	8	15	1	2	3
Police (Recruits) .. .. .	42	3	45	3	—	3
Probation .. .. .	—	1	1	—	—	—
Roads and Bridges .. .. .	6	2	8	—	—	—
Small Holdings .. .. .	2	—	2	—	—	—
Taxation .. .. .	1	—	1	—	—	—
Treasurer's .. .. .	—	2	2	—	—	—
Weights and Measures .. .. .	1	—	1	—	—	—
Totals .. .. .	177	140	317	7	3	10

#### Clinical conditions of candidates found unfit

	Males	Females	Total
Bronehitis and asthma .. .. .	—	1	1
Coronary thrombosis .. .. .	1	—	1
High blood pressure .. .. .	3	1	4
Severe varicose veins .. .. .	3	—	3
Other conditions .. .. .	—	1	1
Totals .. .. .	7	3	10

Two men and two women were examined for premature retirement on medical grounds. All were recommended for retirement.

The arrangement instituted in 1958 for the medical examination of all recruits to the police force by the central medical staff was continued. The scheme is working well but will be more satisfactory when the new Dorchester clinic is completed.

#### Facilities available for Central Office Staff

A staff rest room is available in the health department at county hall for the treatment of medical emergencies. It is frequently used for periods of rest in cases of minor illness, for examination by medical officers and nurses as required. First aid treatment is carried out and it is estimated that approximately three hundred persons received attention during the year.

### DOMESTIC HELP SERVICE (Section 29) (Table 22)

Once again the increase in demand for the service has been maintained, 1,272 cases being helped during the year as compared with 1,097 in 1958 and 1,006 in 1957. This increase was largely brought about by requests on behalf of persons over retiring age.

A basic routine has been laid down for visiting cases, selection of helps, and accounting; but the division of these duties between the local organisers and the appropriate staff of the county health department shows considerable variation. In the two main areas of population, Poole and South Dorset, the service is decentralised completely under the day-to-day supervision of the respective area sub-committees. In three other districts, where the service is based on the offices of the local medical officer of health, the only functions performed by central staff are the final selection of helps, the assessment of householders' ability to pay, and the collection of accounts.

The National Assistance Board and hospital almoners have continued to give most helpful co-operation and their assistance is very much appreciated.

#### Staff

In July, 1959, the present County Domestic Help Organiser, who is an experienced district nursing supervisor and health visitor, took up her appointment. There are two full-time assistant organisers, one of whom works in Poole and the other in South Dorset. A considerable reduction in the number of voluntary organisers, to five on 31st December, 1959, occurred during the year and this made necessary consideration of the appointment of further paid assistant organisers. The number of equivalent full-time home helps employed in 1959 was 97.5, which shows an increase of 13.2 over the previous year. In all, 240 women were employed in the home help service and of these 145 were employed on a casual basis as spare-time workers. The number who are guaranteed half-time employment has risen from eighty-four to ninety-three and it is considered that, where this is possible, it is by far the most satisfactory arrangement. In the rural districts, however, it is more convenient to employ spare-time workers.



## Cases

An analysis of the type of case helped indicates that over seventy-eight per cent of persons receiving assistance are in the old-age and long-term illness groups. A satisfactory increase has occurred in the number of maternity cases receiving home help and where the service is reasonably well developed no such cases have yet been refused assistance. The organisers give maternity and short-term illness cases first priority and much skill is needed in ensuring that the elderly are also looked after in times of emergency. As far as the elderly are concerned the aim is to supply a little help early in order to prevent or delay entry to a home or hospital.

## Statistics

Number of Cases for whom Helps were provided, 1955-1959						Domestic Help Service Staff, 1955-59					
Types of Cases	1955	1956	1957	1958	1959	Helps	1955	1956	1957	1958	1959
Maternity ..	113	126	144	164	143	Full-time ..	5	4	4	2	2
Old Age ..	411	468	573	675	832	Part-time ..	47	59	60	84	93
Tuberculosis, etc. ..	15	12	21	21	18	Spare-time ..	95	98	145	139	145
Long-term Illness ..	117	129	127	134	167	Totals ..	147	161	209	225	240
Short-term Illness ..	99	101	141	103	112	Equivalent full-time helps ..	57.0	63.5	76.2	84.3	97.5
Totals ..	755	836	1,006	1,097	1,272						

## MENTAL HEALTH (Section 51)

### Administration

#### Committee

The Social Services Sub-Committee is responsible to the Health and Social Services Committee for administrative matters coming within the scope of the Mental Deficiency, Lunacy and Mental Treatment Acts and for the care and after-care of persons suffering from mental illness. During the year a Mental Health Sub-Committee was appointed on a temporary basis to consider matters of policy relating to services for the mentally disordered, consequent upon Circular 9/59 in which the Minister asked local health authorities to undertake a review of those services. Recommendations were made and subsequently adopted by the county council for a five year capital development programme providing for the expansion of the mental health services. The proposals include the extension of the junior training centre at Weymouth, in conjunction with which there is to be a residential hostel for children requiring training but who are unable to attend daily as they live in outlying parts of the county; homes for the mentally infirm and the sub-normal; an adult training centre and an additional junior training centre in the east of the county. Provision was also made for an increase in the establishment of field staff from six to ten.

A number of sites and buildings were inspected with a view to acquiring them for use in connection with the above programme, but no firm decisions had been made by the end of the year.

In accordance with the Minister's direction contained in Circular 28/59, new proposals for the mental health services were drawn up with a view to submitting them to him for approval.

#### Staff

There are four duly authorised officers, whose duties include responsibility for dealing with patients requiring care under the Lunacy and Mental Treatment Acts, and two welfare officers responsible for the supervision of mental defectives in their homes. At Pool occupation centre there is a supervisor and six assistants and at the Weymouth occupation centre a supervisor with three assistants. In addition there are two home teachers for the training of the mentally defective.

Several members of the staff attended refresher courses during the year and discussions took place with the universities of Exeter and Southampton with a view to training courses being established on the lines suggested in the Younghusband Report. The matter was still under consideration at the end of the year.

#### Co-ordination with the Regional Hospital Board

Discussions took place with the Wessex Regional Hospital Board regarding the changes implicit in the Mental Health Act 1959 and suggestions were made as to the way in which the two authorities might be of mutual assistance in implementing the new service.

Unfortunately there has been a shortage of beds at the mental deficiency hospitals and representations were made to the Wessex Regional Hospital Board regarding the urgent need for additional accommodation. At the same time the Minister was informed of the difficulties being encountered in providing hospital care for priority cases. At the end of the year the waiting list for admission had risen to thirty-three, the majority of cases being of an urgent nature. This figure would have been higher had it not been for the fact that a number of adult females were admitted to a private home at Lytchett Matravers on an informal basis.

The mental deficiency officers undertook a considerable amount of work on behalf of hospitals in supervising patients on licence and preparing reports on home circumstances.

### Account of Work undertaken in the Community

#### Lunacy and Mental Treatment Acts

The duly authorised officers work in the closest co-operation with psychiatrists, general practitioners, out-patient clinics and other agencies. They are responsible for dealing with a wide variety of problems including the admission of 514 patients to hospital, subdivided into the following categories:

Voluntary		Informal		Temporary		Certified		Section 20		Urgency Orders		Total	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
99	135	25	48	9	16	22	30	42	66	12	10	209	305

It is interesting to note that, compared with 1958, the number of certified patients decreased from 211 to fifty-two, largely owing to an extended use of Sections 20 and 21A. The introduction of the informal admission procedure during the last three months of the year is also likely to affect the number of patients admitted in all other categories until such time as the new Act becomes operative.

#### Mental Deficiency Acts

*Supervision.* The mental deficiency officers are responsible for the supervision of defectives in their own homes and continue to provide a service which is appreciated by both patients and relatives.

*Ascertainment.* During the year sixty new cases were reported and of these thirty-two were referred by the local education authority. They were dealt with as follows:

	Under 16 years		Over 16 years	
	Males	Females	Males	Females
Admitted to hospital .. .. .	—	2	3	1
Placed under statutory supervision .. .. .	18	14	12	4
Placed under voluntary supervision .. .. .	—	—	3	—
Action unnecessary .. .. .	—	2	—	—
Found not to be defective .. .. .	—	—	—	1
Totals .. .. .	18	18	18	6

*Admissions to hospital.* Fourteen cases were permanently admitted to hospitals as follows:

Name of Hospital	Petition	Section 3	Court Order	Informal	Totals
Botleys Park .. .. .	—	—	—	1	1
Coldeast Hospital .. .. .	—	—	—	5	5
Coldharbour Hospital .. .. .	—	—	1	3	4
Port Bredy Hospital .. .. .	—	—	—	1	1
Royal Western Counties Hospital, Starcross .. .. .	—	—	—	1	1
Tatchbury Mount Hospital .. .. .	—	—	—	2	2

In addition five patients were admitted for short term care under Circular 5/52.

*Statistics.* At the end of the year the 897 patients on the register were classified as follows:

	Under 16 years		Over 16 years	
	Males	Females	Males	Females
Under Statutory Supervision .. .. .	68	47	91	110
Under Guardianship (including patients on licence) .. .. .	—	—	8	12
In 'Places of Safety' .. .. .	—	—	—	—
In Hospitals (including patients on licence) .. .. .	31	24	234	194
Under Voluntary Supervision .. .. .	1	—	30	47
Total .. .. .	100	71	363	363

The following table shows a comparison of the number of defectives under care during the past five years:

	1955	1956	1957	1958	1959
Under Guardianship .. .. .	104	100	88	22	20
Under Statutory Supervision .. .. .	270	272	273	288	316
Under Voluntary Supervision .. .. .	9	9	18	79	78
Attending Occupation Centres .. .. .	59	64	96	107	116
Receiving home teaching .. .. .	70	68	64	70	69
In hospitals (including cases on licence) .. .. .	489	481	476	483	483
In an Approved Home .. .. .	12	13	13	12	12

### *Guardianship*

The total number of patients under guardianship at the end of the year showed a further decline, twenty as compared with twenty two twelve months earlier. None of these were in receipt of a guardianship allowance. The main sources of reference for this type of care are the mental deficiency hospitals, who advise on the transfer to guardianship of longstanding licence patients on the grounds that although hospital care is no longer necessary, a considerable degree of supervision is still required.

### *Home Teaching*

The two home teachers made regular visits to sixty-nine patients in their own homes. A high standard of work was achieved and successful sales of the finished articles were held at intervals. The tuition was of necessity confined to handicrafts as it was only possible to make weekly or fortnightly visits and any other form of training would as a result, be of less value.

### *Occupation Centres*

A workshop was added to the premises at Poole occupation centre and this should prove invaluable in relieving the strain on the accommodation for the senior boys. A great deal of carpentry is undertaken and there is a steady stream of orders for such articles as stools, tables and repairs to furniture of various types.

At Weymouth occupation centre, the numbers steadily increased and there were forty on the register at the end of the year. Plans were drawn up for the adaptation of certain of the empty rooms as the numbers increased and provision was made for additional staff.

Five children from the Sherborne area attended the Yeovil occupation centre by arrangement with the Somerset County Council to whom indebtedness is due for this service.

The age groups of pupils attending occupation centres at the end of the year were as follows:

<i>Under age 16</i>		<i>Aged 16 and over</i>		<i>Total</i>
<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
40	28	18	30	116

### *Transport*

The county ambulance service undertook the transport of the great majority of the patients attending Poole occupation centre the remainder being conveyed by taxi. At Weymouth the pupils travel by transport provided by the county education committee and escorts are provided wherever necessary.

Patients for admission to hospital under the Lunacy and Mental Treatment Acts are conveyed either by the county ambulance service, taxi, or in the officers' own car wherever this was appropriate.

## **SOCIAL SERVICES (National Assistance Act, 1948)**

### *Administrative Arrangements*

The functions of the county council under the National Assistance Act, 1948, have been delegated to the Social Services Sub-Committee of the Health and Social Services Committee, and the administration is under the direction of the County Medical Officer of Health. Five meetings of this sub-committee were held during the year.

The visiting committees for the old persons' homes have been reconstituted in accordance with the recommendations of the county council and have been renamed house committees. The functions of these house committees have been specified and the practice of holding meetings not less than once a quarter has been continued.

In each district the health visitor is now responsible for interviewing every applicant for residential accommodation, the work being co-ordinated by two liaison health visitors.

There are four district welfare officers, who are also duly authorised officers for the purposes of the Lunacy and Mental Treatment Acts; they investigate the financial resources of these applicants prior to admission, make detailed arrangements for admission and, in the case of the smaller homes, collect charges for maintenance. At each of the larger homes the maintenance charges are collected by the officer in charge.

## **Provision of Accommodation (Sections 21-28) (Tables 23—25)**

### **RESIDENTIAL ACCOMMODATION**

#### *Accommodation Available*

At the 31st December, 1959, the number of places provided by the county council amounted to 560, including accommodation for forty-three persons in premises under the control of the Bournemouth and East Dorset Hospital Management Committee. Of this total 175 beds were situated on the ground floor. The county council were also responsible for the cost of maintenance of forty-three persons in residential homes provided in the county by three voluntary societies and fourteen persons in voluntary homes outside the county.

#### *Structural Adaptations and Additions*

During the year the county council approved the provision in Poole of a new home for fifty old persons and the Minister's approval in principle was received. An excellent site was acquired and by the end of the year detailed plans had been formulated by the County Architect in collaboration with officials of the Ministry of Health.

The extension and alteration of the Belmont Court Home for the Blind at Parkstone to provide for the accommodation of a total of thirty-seven residents was nearing completion at the end of the year.



The construction of a ground floor unit at Stour View House, Sturminster Newton, for twenty-two residents was commenced. This will help to alleviate the continuing need for ground floor accommodation, but it has become increasingly apparent that the great majority of persons entering the homes are unable to negotiate stairs without considerable difficulty and the council have therefore made provision in their five-year capital programme for the installation of lifts in eight of their homes.

#### *Joint User Arrangements*

Joint user arrangements between the county council and the regional hospital board have continued at Christmas Close, Wareham, and at St. Mary's block, Poole General Hospital.

#### *Staffing of Homes*

No alterations were made in staff establishments, but the need for additional attendant staff in the smaller homes was recognised and provision was therefore made in the budget for the forthcoming year.

#### *Amenities*

Members of the British Red Cross Society have continued to pay regular visits to five homes in order to instruct and assist residents with handicrafts. The amount of interest it is possible to maintain varies from home to home, but the society has given considerable encouragement to the old people and many useful articles are made. Knitting, embroidery, and rug making are some of the more popular crafts and a number of prizes have been won at local arts and crafts exhibitions. The council are indebted to the members of the society for the work they have undertaken in this connection.

Valuable assistance has been provided at four homes by members and cadets of the St. John Ambulance Brigade, who have given over 500 hours of service during the year. A wide variety of work is undertaken including assistance with bathing, serving of meals, sorting of linen, escorting residents outside the home, shopping and 'odd jobs'. The council are indebted to the members of this organisation for their interest and efforts on behalf of the old people.

Clothing is supplied in necessitous cases and, as far as possible within certain price restrictions, residents are allowed to choose their outer clothing.

A summer outing for the residents is arranged by the officer-in-charge of each home and during the winter months film shows are presented at the three larger homes.

Eight homes are equipped with television receivers. These are provided either by the county council, by way of a gift, or by subscriptions from residents' clubs.

Special arrangements have been made with the county librarian for books to be readily available to the residents at the homes.

#### *Statistics*

##### *Accommodation and numbers accommodated in County Council Establishments, 31st December, 1959*

<i>Premises</i>	<i>Places Occupied</i>		
	<i>Men</i>	<i>Women</i>	<i>Totals</i>
<i>In Homes under County Council Management:</i>			
Stoke Water House, Beaminster .. .. .	66	45	111
Stour View House, Sturminster Newton .. .. .	36	72	108
Christmas Close, Wareham .. .. .	30	25	55
Maiden Castle House, Dorchester .. .. .	13	26	39
'The Lawns', Weymouth .. .. .	15	23	38
Belmont Court, Parkstone .. .. .	5	12	17
Castleman House, Blandford .. .. .	22	28	50
James Day Memorial Home, Swanage .. .. .	12	22	34
'St. Martin's', Gillingham .. .. .	17	30	47
<i>In Hospital under the control of Hospital Management Committee:</i>			
Poole General Hospital (St. Mary's Block) .. .. .	20	22	42
<b>Totals .. .. .</b>	<b>236</b>	<b>305</b>	<b>541</b>

#### *Waiting List*

The number of persons on the waiting list at the end of the year was 120. A special review of these cases has been undertaken in order to determine the number (a) of persons who require care in communal homes and the degree of urgency; (b) of those who could be satisfactorily housed in grouped old persons' dwelling with warden facilities; (c) of those who could, with the help of the council's domiciliary services, remain in their own homes for some time to come.

#### TEMPORARY ACCOMMODATION

It was not necessary to provide any families with temporary accommodation in the old peoples' homes during the year. In many instances this was due to extensive investigation and rehabilitation carried out by the council's welfare officers. Close co-operation is maintained between the welfare officers and the district authorities' housing departments and where children are involved the cases are referred to the children's officer.

The three units of temporary accommodation provided at Hamworthy under the joint scheme with the Poole Borough Council have accommodated six families with a total of thirty children during the year. These families were under the supervision of the health visitor appointed to undertake specialised duties in the care and rehabilitation of problem families in Poole.

Considerable use was made of the temporary accommodation provided by the Poole Borough Council in accordance with the joint scheme.

As stated elsewhere in this report, the county council's decision not to provide temporary accommodation under section 21 (1) (b) of the National Assistance Act 1948 is to be reviewed and it has been recommended that the principles of the scheme already in operation with the Poole Borough Council be applied to any accommodation for evicted families provided either separately or jointly by other district councils.

## WELFARE SERVICES (Sections 29 and 30)

### BLIND AND PARTIALLY SIGHTED (Tables 26 and 27)

#### *Administrative Arrangements*

Full co-operation has been maintained with the Western Regional Association for the Blind, the Dorset County Association for the Blind and other voluntary and statutory bodies in order to ensure that registered blind and partially sighted persons benefit from all available facilities.

#### *Registration*

On 31st December 1959 there were 808 persons on the blind register and ninety-seven registered as partially sighted, an increase of eight and a decrease of five respectively.

Of the 118 newly registered blind cases ninety-five were sixty-five years of age and over. There was only one case under twenty years of age, a girl aged six, who is undergoing residential hospital treatment for Still's disease. Of the twenty-two cases between twenty and sixty-four years of age, two went for industrial rehabilitation and one of them aged twenty-seven, who has completed his course has now resumed his career as a chartered accountant. A man aged fifty with the co-operation of his son, has resumed work as a plasterer. Of the remaining nineteen two have died, seven cannot work owing to other physical disabilities, eight are precluded by domestic responsibilities and two are not available for work.

#### *Home Teaching and Visiting*

The same five home teachers have been joined by an additional teacher who qualified after a year's special course organised by the Southern Regional Association for the Blind. Areas have been reviewed in order to reduce travelling time to a minimum. In addition to home visits and lessons, the teachers arrange handicraft and other classes, social gatherings, outings, sales and shows in co-operation with the Dorset County Association for the Blind. The stimulus of meeting and competing with others with similar handicaps is found to be of considerable help in social rehabilitation.

#### *Workshop Employment*

As this authority has no sheltered workshop, arrangements are made with the following bodies who employ five workers in all on behalf of the county council, payments being on the national scale subject to the standard of work and earnings reaching the minimum accepted by the Ministry of Labour:

Bristol Royal Blind Workshops—One basket maker.  
Royal School for the Blind, Leatherhead—Two flat machine knitters.  
—One brush maker.  
Yorkshire School for the Blind—One brush maker.

The two brush makers both have severe handicaps other than blindness.

#### *Home Employment*

Six men and seven women are supervised by the Bristol Royal Blind Asylum Workshops home workers scheme on behalf of this authority and the National Library for the Blind supervise two copyists on the pastime scheme.

#### *Marketing*

The disposal of goods made by trained and pastime workers becomes increasingly difficult owing to cheap imports and to a lesser degree owing to the competition from goods made by sighted handicapped persons.

#### *Employment in Open Industry*

Thirty-nine men and four women were employed in this sphere at the end of the year. It has been found impossible to place five trained men owing to lack of suitable employment opportunities in the district in which they live, in spite of every effort by the Royal National Institute for the Blind Placement Officer and full co-operation with the Ministry of Labour. The welfare officer of the blind serves on the disablement advisory committees, at Poole and Weymouth.

#### *Persons in Hospitals, Homes, etc.*

At the end of the year there were ninety-five blind persons over the age of sixteen living away from home, forty-one in the care of regional hospital boards, twenty-one in homes for the blind, twenty-seven in other homes provided under Part III of the National Assistance Act, 1948, and the remaining six in privately run homes.

#### *Registers of Blind and Partially Sighted*

In co-operation with the Western Regional Association for the Blind further data has been provided for a national research survey on problems of blindness and partial sight.



## DEAF OR DUMB

### *Administrative Arrangements*

The Ministry of Health's outline scheme, included in circular 32/51 for the provision of welfare services under sections 29 and 30 of the National Assistance Act 1948 for persons who are deaf or dumb, has been adopted by the County Council and approved by the Minister of Health. These services are provided by the Salisbury Diocesan Association for the Deaf and Hard of Hearing, formerly known as the Wilts and Dorset Association for the Deaf, on behalf of the county council for which they receive a grant, the council having representation on the committee of the Association.

Cases applying or referred for assistance are visited and details entered on a record card, a duplicate of which is forwarded to the county health department for inclusion in the central register. Additional information regarding cases and services provided, which has from time to time been recorded by the Association on their record cards, is sent to the county health department for inclusion on the central register.

### *Social Welfare*

A comprehensive social welfare service is provided by the Association and includes interpretation in manual language, advice in domestic and legal subjects and in health and family affairs. The sick are visited at home and in hospitals as well as routine visiting. Advice and assistance is given on behalf of the individual for employment in consultation with the disablement resettlement officers of the Ministry of Labour.

### *Social Centres*

Social centres are provided for the deaf at Poole, Sherborne and Weymouth. Hard of Hearing clubs meet at Bridport, Dorchester, Poole and Weymouth. The situation is kept under constant review and should the need arise in any particular area existing facilities will be extended.

### *Coordination*

The Association works in close co-operation with the Ministry of Labour and their officers attend interviews in connection with the placement of the deaf in suitable employment. The county council has had representation on the Executive committee of the West Regional Association for the Deaf which covers the counties of Cornwall, Devon, Dorset, Gloucester and Wiltshire.

### *Lip Reading Classes*

Instruction in lip reading has been given by a worker of the Association at special sessions at Burlea Towers, Poole, and individual instruction is also available when necessary.

### *Statistics*

The following table shows the number of persons, both deaf and hard of hearing registered with the authority on 31st December, 1959:—

Class	Children under age 16		Persons aged 16—64		Persons aged 65 and over		Total
	M.	F.	M.	F.	M.	F.	
Deaf .. ..	15	13	76	59	7	5	175
Hard of Hearing ..	7	2	41	71	11	21	153
Total .. ..	22	15	117	130	18	26	328

## PHYSICALLY HANDICAPPED (GENERAL CLASSES)

### *Administrative Arrangements*

The scheme, included by the Minister of Health in circular 32/51 for the provision of welfare services, under section 29 and 30 of the National Assistance Act 1948 for handicapped persons other than the blind, partially sighted and deaf or dumb, has been adopted by the county council and approved by the Minister of Health.

The British Red Cross Society (Dorset Branch) act as agents of the county council for certain sections of the scheme for which they receive a grant.

A liaison health visitor deals with all cases registered under the scheme and visits cases requiring special services.

Cases are referred by general practitioners, hospitals, central government departments and voluntary organisations. All cases referred are visited by a health visitor who submits a report to the county health department. If the case is considered suitable for registration the person's name is recorded on the central register and arrangements are made for any services requested to be provided as far as possible. A duplicate of the record card is retained for the follow-up by the health visitor covering the area in which the patient resides. The consultant specialist or general practitioner is consulted by the county medical staff when there are any clinical problems.

### *Services Provided*

The social welfare services for handicapped persons set out in circular 32/51 are comprehensive and are made available wherever possible when the need arises. Some of the services are provided by the British Red Cross Society as an extension of the after care facilities already available through an agency arrangement with the county council under section 28 of the National Health Service Act. Cases are visited regularly by members of the staff of the health department, general advice is given to assist the handicapped to overcome their disabilities and arrangements are made for the provision of specialized equipment, adaptations in their own homes and admissions to residential homes. Handicraft instruction is provided by members of the British Red Cross Society in the patient's home and assistance is given to secure orders for their goods and to dispose of any saleable articles produced by them.



Arrangements are made for the admission of suitable cases to holiday homes and assistance is given towards the cost of transport to special training centres.

The Dorset Association for the Welfare of the Physically Handicapped receive a grant from the county council to assist them in their activities for the promotion of general welfare of the physically handicapped.

Close co-operation is maintained between the county health department and the Ministry of Labour. The disablement resettlement officers are consulted and assist handicapped persons in connection with training and employment under the Disabled Persons (Employment) Act.

#### Statistics

The following table shows the number of physically handicapped persons (general classes) registered with the authority as at 31st December, 1959:—

Number on Register 31.12.58	..	..	460
New Cases	..	..	190
			<hr/> 650
Deaths	..	..	20
Removals from Register	..	..	114
			<hr/> 134
			<hr/> 516

		Register of Handicapped Persons—Age Groups and Sex			
		Children under age 16	Persons aged 16—64	Persons aged 65 and over	Totals
Male	..	56	144	29	229
Female	..	57	185	45	287
Total	..	113	329	74	516

#### EPILEPTICS

Four boys and two girls are classified as epileptics and of these three are attending special residential schools; the others are attending day special schools or special classes. One fresh case was assessed during the year.

It is unfortunate that there are no local facilities for carrying out E.E.G. examinations and children have to be taken as far afield as Portsmouth for this to be done. Apart from this difficulty the general arrangements for epileptic schoolchildren are quite satisfactory and working smoothly in the county.

There were thirty-one adults suffering from epilepsy in Part III or joint-user accommodation and in addition four were accommodated in special epileptic colonies.

#### SPASTICS

Since 1957 the Victoria Home, formerly in Bournemouth, has been re-established in a new building in Poole and is taking children from both the borough and the county area. This is a great improvement on the previous arrangement as these children can attend a special school within their own county and arrangements have been made for the speech therapist to be available at the home for one session each week. The parents of spastics greatly appreciate having their children within easy travelling distance so that they can visit them at week ends and other permissible times.

A day centre has now been established by the Bournemouth and district group of the National Spastic Society and Dorset children are accepted on a payment per case basis.

The county council's arrangements for training adult spastics are still available but again, in 1959, no suitable cases required this type of training.

#### Registration of Disabled Persons' and Old Persons' Homes (Section 37)

Before any application for a certificate of registration is granted, the premises are inspected to determine their suitability and details of the staffing arrangements and furnishing are required.

#### Statistics

The following table shows the number of homes and the number of beds provided:—

<i>Registration</i>	<i>Number of Homes</i>	<i>Number of beds provided</i>
Homes first registered during the year	.. 6	50
Homes on the register at the end of the year	.. 24	318
Registrations cancelled	.. 2	20
Registrations refused	.. —	—

### Removal to suitable premises of persons in need of care and attention (Section 47)

It was not necessary for action to be taken under the provisions of section 47 of the Act during the year.

### Temporary Protection of Property of Persons admitted to Hospitals, etc. (Section 48)

The position regarding the storage of property was reviewed in the light of the fact that in a number of cases storage charges had been paid for long periods. The views of the Court of Protection were obtained in a number of cases in which it was thought there was little likelihood of the patients leaving hospital or home and in nine cases it was decided to dispose of the furniture and effects of the persons concerned and apply the proceeds to their benefit. The question of the continued storage or disposal of effects in future cases will be considered by the Committee in relation to individual circumstances.

### PUBLIC HEALTH LABORATORY SERVICE

The service provided by the Medical Research Council is closely linked with the prevention of illness and the detection of infectious disease. The routine laboratory work of this service is mainly concerned with the bacteriological examinations of 'medical' specimens from general practitioners, infectious diseases hospitals and local authorities and all 'sanitary' specimens from local or food authorities. The laboratories of the service normally do not undertake work which is rightly the province of the hospital or clinical pathologist. The closest co-operation exists between the laboratory service and medical officers of health, especially with regard to epidemiological problems which arise from time to time.

Two laboratories, staffed and administered by the Medical Research Council each with a full-time bacteriologist in charge, cover the work in Dorset. One laboratory is located at Dorchester and the other at Boscombe.

#### Statistics

Laboratory	Specimens received and examined during 1959							Totals
	Nose and throat	Sputum	Faeces and urine	Water	Milk	Ice cream	Miscellaneous	
Dorchester ..	835	169	1,672	4,575	7,167	513	3,282	18,213
Boscombe ..	477	26	677	851	713	391	1,830	4,965
Totals ..	1,312	195	2,349	5,426	7,880	904	5,112	23,178

### REGISTRATION OF NURSING HOMES

Periodic inspections of the registered homes in the county are carried out and, before any application for a certificate of registration is granted, full enquiry is made as to the suitability and qualifications of the person in charge and layout of premises.

#### Statistics

The following table shows the number of nursing homes, and the number of beds provided:—

Registration	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Homes first registered during the year ..	1	—	28	28
Homes on the register at the end of the year ..	15	18	133	151

#### Action taken during 1959

Number of exemptions granted under Section 192 (1) including renewals	..	..	—
Number of inspections	..	..	26

### CHILDREN ACT, 1948

In accordance with the Memorandum by the Home Office on the conduct of children's homes certain duties are carried out for the Children's Committee by the county health department.

### *Medical Supervision of Nurseries and Children's Homes*

During the year under review the scheme for the supervision of all children in county council children's homes has again been satisfactory. Co-operation has continued between the health department, the staff of the children's homes and the general practitioners undertaking the treatment of the children under Part IV of the National Health Service Act.

### *Dental Care*

The dental care of children resident in nurseries and children's homes is undertaken by the county dental staff who arrange periodic inspection and treatment. In addition, treatment is available at dental clinics, or dental sessions at schools, for children found on examination by the medical officer to need emergency treatment on admission to the homes.

### *Protection of Children from Tuberculosis*

Chest x-ray examinations of all staff at children's homes are carried out before appointment and thereafter at yearly intervals. During 1959 seven initial and twenty annual examinations were carried out, but none of the films showed signs of tuberculosis.

### *Statistics*

<i>Number of children's homes including the reception observation centre</i>	<i>Number of routine visits of medical officer</i>	<i>Number of routine examinations</i>	<i>Number of children referred for treatment</i>	<i>Number of children under observation for defects</i>
4	70	188	36	29

### **NURSERIES AND CHILD MINDERS REGULATION ACT, 1948**

Two new registrations were made under this Act during the year, and there are now four daily minders supervising twenty-five children.

### *Statistics*

	<i>Number registered at end of year</i>	<i>Number of children provided for</i>
Premises: (a) Factory ..	—	—
(b) Other Nurseries ..	—	—
Daily minders . . . .	4	25

### **DAILY MINDERS PROVIDED BY THE AUTHORITY**

During the year under review no daily minders were provided by the authority.

### **CIVIL DEFENCE**

#### *Ambulance and Casualty Collecting Section*

The strength of the section at the end of the year was 363 which is a slight increase on the previous year.

Fourteen courses in ambulance training and twelve in first aid were held. Two volunteers attended courses at the Home Office School, Falfield. Some combined training in conjunction with the Rescue Section was carried out in Poole and this proved a popular feature.

Various publicity demonstrations were staged during the summer months.

Four teams entered for the annual competition; eliminating rounds being held in Sherborne and Poole. The final was held in Dorchester on the 31st May when the shield for the best team was won by Bridport.

#### *Welfare Services*

The policy of encouraging the resignation of redundant members who have done no training continued and this is responsible for the reduction in the overall total number of members in the section.

A rest centre competition was held as part of the winter training and there were twelve teams. Some were new recruits but all teams had considerable training and practice for this competition.



Following area heats for competing teams from the three county areas, the three winning teams took part in the county civil defence competitions held in Dorchester on the 31st May 1959. The result of the final competition was that the winning team came from Wimborne, followed by Lytchett Minster and Bridport respectively.

Independent judges from Reading and London spoke highly of the standard shown by the teams.

The numbers of enrolled members were distributed as follows:—

Poole Borough	..	..	189
Weymouth Borough	..	..	108
Other urban areas	..	..	307
Rural areas	..	..	1,002
Total	..	..	1,606

## ENVIRONMENTAL HYGIENE

### Water Supplies and Sewerage

#### *General Commentary*

The year was one of considerable progress in the provision of water supply and sewerage. As far as water was concerned perhaps the most noteworthy achievements were the completion of negotiations for the establishment of the Poole and East Dorset and the West Wilts Water Boards; the latter will serve Shaftesbury borough and Shaftesbury rural district. General agreement was also reached on the formation of the Wessex Water Board, in which the proposed area of supply will be included the Sherborne urban and Sherborne rural districts, and arrangements for the transfer of the Wimborne and Cranborne Rural District Council's water undertaking to the Bournemouth Water Company were finalised.

As a result of these steps, which followed the setting up of the West Dorset Water Board in 1958, there remains only one part of the county for which nothing of a positive nature has been done towards the regrouping of water undertakings. This is the central-southern area, comprising Dorchester borough and rural district, Weymouth and Portland. The undertakings supplying these districts should, it is considered, be merged with the statutory water area of the West Dorset Water Board with a view to constituting a new water undertaking along the lines of the Vail Report relating to the 'Dorset Downs Area.' Since the Vail Report was prepared, however, the Wareham and Purbeck rural district, Wareham borough, Swanage and the whole of the Blandford rural district has been incorporated in the area of the Poole and East Dorset Water Board instead of the Dorset Downs area, as Mr. Vail originally had suggested. Furthermore, it has been recommended by the county council that the Piddle Valley parishes of the Dorchester rural district should, on engineering grounds, likewise form part of the Poole and East Dorset Board.

Whilst on the subject of water supply, mention must be made of the fact that although shortages of water did occur during the drought of last summer in those parts of Dorset in which adequate piped supplies are not yet available, that is parts of West Dorset and the Wareham and Purbeck rural district, the schemes which had been installed elsewhere prior to and since the last war stood up remarkably well to the demands placed upon them. Although rainfall was very small indeed between May and October, and despite the seemingly almost record influx of summer visitors it was not necessary to restrict supplies materially throughout this long period. This severe test confirms the confidence placed in the sources of supply and in the design of the schemes generally. The geology of Dorset is, for the most part, favourable from a water supply viewpoint and the considerable storage which, for example, is provided in the chalk is of tremendous benefit in summers such as that of 1959.

As far as the provision of main drainage is concerned, whilst a great deal has been done it is not generally realised that when all of the schemes which have so far been approved can be brought into service there will remain more than two hundred villages in Dorset without satisfactory means for the removal of waste water and the disposal of sewage.

There is no doubt that the lifting of the economic restrictions which for so long had retarded progress in sewerage and sewage disposal schemes was a major factor in the advance which has been made during the year with main drainage work. Reference to the more important schemes which have been dealt with is made below; outstanding amongst them is the Gillingham scheme, Stage I of which started last June and at the end of the year was about a quarter finished. The following briefly summarises the position in respect of the work which has been carried out during 1959 on (a) water supply and (b) main drainage.

#### (a) *Water Supply*

##### *Abbotsbury and Portesham*

Despite certain difficulties with this contract, work has proceeded and by the end of the year the scheme had been completed except for tidying up. It was estimated to cost £41,000.

#### *Regional Scheme for West Dorset*

Work on the preparation of this scheme has been in hand for the greater part of the year and many discussions have taken place between the Board's engineer and manager and the county public health engineer. The development of the Litton Cheney source began in October and by December the design of the outline scheme had been completed. It is estimated to cost £1,156,000 and will be considered by the board and by the county council early in 1960.

#### (b) *Sewerage and Sewage Disposal*

##### *Wimborne Minster Main Drainage Scheme*

Thanks to the dry summer, better progress than was expected was made on this scheme, which is estimated to cost £566,000. By the end of the year about seventy-five per cent of the work had been completed and the contractors believed that they would finish by the middle of 1960.

Consideration has been given to the question of the house connections and as the legal position is that the responsibility for these will, in the main, devolve upon the Wimborne Minster Urban District Council, discussions took place in the autumn to work out a plan of campaign. Although an item to cover this work was included in the Bill of Quantities relating to the present contract, the council reserved the right to make other arrangements for the connection of properties.

The county public health engineer suggested that, because of the tedious nature of the work, it seemed to him that it would be better if the connections were done by direct labour under the chief resident engineer rather than by contract; he also felt that there was much to be said in favour of substituting pitch fibre pipes for the more orthodox materials which had originally been specified. The council decided to adopt both these suggestions.

At the first conference held on the subject of house connections it was pointed out that the sum allowed in the Bill of Quantities was quite inadequate; the extra sum involved, if the work were done by contract and if the materials originally specified were used, was put at £45,103. It was expected, however, that by making the connections by direct labour and by employing pitch fibre pipes which could be laid satisfactorily without a concrete bed, there would be an overall saving of £12,000.

As stated in the health report for 1958, savings had been made by the substitution of concrete pipes for spun iron, where conditions were suitable, and by the use elsewhere of spun iron pipes instead of the bitumen-sheathed pipes which had been specified. An appreciable reduction in capital cost had also been made by substituting gravel for clinker in the filter beds and the work of placing the media has commenced.

There is no reason to believe that when the filters become mature the results will be less satisfactory than if clinker or limestone had been employed.

#### *West Parley*

The first two stages of this scheme, which is to serve an estimated future population of 4,000, have been completed at an estimated cost of £133,418. One of the outstanding features was the very careful way in which the reinstatement of gardens, rock gardens and orchards had been carried out. Inspections made of the sewer lines not many weeks after heavy equipment had passed through private property made it difficult to believe that such widespread disturbance had ever taken place. The advantages of laying the sewers in gardens rather than in roads were two-fold: (a) there was overall a saving on road reinstatement charges and (b) the connection of properties was facilitated.

Careful records have been maintained at the main pumping station in order to determine the amount of infiltration into the new sewers, which were constructed of concrete pipes, and although the standing water table in places reached less than a foot below ground level, the amount of water finding its way into the sewerage system was surprisingly small. Work on contracts III and IV of the scheme, which embraces part of the Ferndown area, commenced in June and August respectively and satisfactory progress had been made up to the end of November. The very heavy rain which fell at the end of the year, however, slowed work up but it is still hoped that it will be possible to connect the Ferndown primary and secondary modern schools, where drainage problems are particularly acute, by the end of next year.

The total estimated cost of the contracts now in hand is £298,328.

#### *West Moors*

This scheme was submitted for the consideration of the county council in December. It is estimated to cost £898,000 and is being designed to deal with a population of 11,350. This is the third of the Wimborne and Cranborne Rural District Council's major schemes for draining the southernmost part of their area in which extensive development has taken place before and since the last war.

#### *Lythett Minster (Upton)*

The Upton sewerage and sewage disposal scheme, over which there had been much controversy, was eventually commenced last August. Progress has been satisfactory although somewhat slow and by the end of the year the position was that about a quarter of the work had been completed.

#### *Gillingham*

Stage I of this scheme, which is estimated to cost £135,634, commenced in June. It has been designed to deal with domestic sewage and a considerable quantity of trade waste, principally from bacon factories and a glue works. A chemical inspector of the Ministry of Housing and Local Government conducted an inquiry into the question of the discharge from the glue works arising out of the company's claim that they had prescriptive rights for the discharge into the sewers of the local authority and accordingly were not required to contribute towards the cost. The trade effluent agreements between the council and the factory managements concerned have not yet been finalised.

#### *Charmouth*

This scheme commenced in the summer, but because the Minister of Housing and Local Government decided that the scheme did not qualify for grant under the Water Supplies and Sewerage Acts, 1944-55, no contribution is being made by the county council. The Bridport Rural District Council then applied for financial assistance under the Public Health Act 1936, section 307, but, in view of the relatively low rate burden on sewerage in the rural district, the county council did not feel justified in making a grant.

#### *Pimperne*

The greater part of this scheme, which has been in abeyance for some time, has been completed at an estimated cost of £17,000, but the outstanding work has been held up because of the high standing water level in this village.

It was expected that 'trade' waste from a large piggery in the village would be discharged into the sewers, by arrangement with the council, but—wisely, it is felt—the owner decided to conserve the effluent which, after settlement, is being pumped direct on to the land as a manure.

#### *Chickerell*

A difficulty arose with this scheme owing to the contractors who were originally entrusted with the project going into voluntary liquidation. The outstanding work was put out to tender and the new contractors took over in the autumn.

At the end of the year the scheme had reached the half-way stage and satisfactory progress was being made.



The table which follows these notes shows the schemes which were (i) submitted to the county council for consideration under the Rural Water Supplies and Sewerage Acts; (ii) commenced; and (iii) completed during the year. In addition, local investigations were held by inspectors of the Ministry of Housing and Local Government into the following proposals:

*Sewerage and Sewage Disposal*

Beaminster Rural District—Nettlecombe and Powerstock.  
 Sherborne Rural District—Alweston, Bradford Abbas and Thornford.  
 Wimborne and Cranborne Rural District—Colehill and Hampreston.

Inspections of schemes completed or in progress were made by inspectors of the Ministry at the following works:

*Water Supply*

Dorchester Rural District—Abbotsbury and Portesham.  
 Wareham and Purbeck Rural District—Worth Matravers (Harman's Cross).

*Sewerage and Sewage Disposal*

Blandford Rural District—Pimperne.  
 Dorchester Rural District—Chickerell.  
 Wimborne and Cranborne Rural District—West Parley.

*Statistics*

*Schemes Submitted, Commenced and/or Completed during 1959*

Local Authority	Scheme	Approximate costs of Schemes		
		Submitted	Commenced	Completed
		£	£	£
<i>Water Supplies</i>				
Bridport Rural ..	Puncknowle .. .. .	—	12,128	—
Dorchester Rural ..	Toller Porcorum .. .. .	17,350	—	—
	Abbotsbury and Portesham .. .. .	—	—	40,569
Wareham and Purbeck Rural ..	Coldharbour—Extension of borough mains ..	—	—	5,715
	Regional Scheme:—			
	Stage I—Blackhill reservoir and East Stoke (part), Wool and Winfrith Newburgh ..	—	—	219,860
	Stage II—Reservoirs and mains .. .. .	—	31,500	—
	Harman's Cross—temporary supply from Swanage .. .. .	—	—	14,000
Wimborne and Cranborne Rural ..	Comprehensive Scheme:—			
	Mains—Cranborne Cross Roads to Woodlands .. .. .	—	—	12,500
<i>Sewerage and Sewage Disposal</i>				
Beaminster Rural ..	Beaminster and Netherbury—Revised Scheme			
	Stage I .. .. .	146,200	—	—
	Nettlecombe and Powerstock .. .. .	—	14,586	—
Blandford Rural ..	Pimperne .. .. .	—	16,870	—
Bridport Rural ..	Charmouth .. .. .	—	79,330	—
	Puncknowle .. .. .	—	—	19,957
Dorchester Rural ..	Broadmayne .. .. .	—	—	10,250
Shaftesbury Rural ..	Gillingham—Stage I .. .. .	—	135,634	—
Sturminster Rural ..	Hinton St. Mary—Extension .. .. .	—	6,570	—
	Sturminster Newton:—			
	Contract No. 3—First Stage .. .. .	—	—	10,000
	Contract No. 4 .. .. .	—	34,100	—
Wareham and Purbeck Rural ..	Lytchett Minster—Upton area .. .. .	—	113,436	—
	Langton Matravers—Extension .. .. .	3,254	—	—
	Wool and East Burton:—			
	Sewage disposal works .. .. .	—	30,000	—
Wimborne and Cranborne Rural ..	West Parley:—			
	Contract No. 1 .. .. .	—	—	16,915
	Contract No. 2 .. .. .	—	—	116,503
	Contract No. 3 .. .. .	—	47,825	—
	Contract No. 4 .. .. .	—	134,000	—
	Sixpenny Handley .. .. .	—	—	25,067



## Rivers Pollution Prevention

Twelve years ago, when the county council were still the authority responsible for the operation of the Rivers Pollution Prevention Acts, the assistant county public health officer carried out a survey of the principal rivers in the county and prepared a detailed report on his findings. The picture he painted in December, 1947, was a black one and it is appropriate to quote certain of the more revealing passages of this very enlightening report:

### *River Brit*

'The results of the seven samples of water taken from the River Brit would indicate that the river is not in a satisfactory condition. There can be no doubt that serious pollution does take place at Beaminster and this would have a more pronounced effect when the flow of the river is reduced as was the case at the time the survey was made. Allowing for this it is considered that the River Brit is not clean and apart from the results of the samples, the appearance of the water tends to bear out this observation.'

### *River Frome (including Sydling Water and River Cerne)*

'The results of the analysis of the twelve samples of river water tend to show that the River Frome is not in a reasonably clean condition over its entire length.

'Despite the fact that there had been a prolonged dry spell there was quite a fair flow of water in the river and, except for a small stretch of the water-course at Dorchester the water appeared clean and fish were observed at most points included in the survey.'

### *River Stour*

'To arrive at a definite conclusion as to the condition of the River Stour is no easy matter when one considers the varying biological oxygen demand figures for the samples obtained. As in the case of the other rivers in the county which have been surveyed, due consideration should be given to the fact that the flow of water was below normal.

'The Stour is a comparatively long river and although, generally speaking, it might be described as flowing mainly through agricultural land, there are a few points where it is subjected to the influence of small townships and some trade premises. In addition, certain of its tributaries are reported to be polluted. As a result there are localised points where the river is not in a satisfactory condition.

'Despite the enigmatical results of some of the samples there is no doubt whatsoever that the Stour is seriously polluted at Gillingham. Varying degrees of pollution occur throughout the length of its course, some of them being of little or no consequence. The net result of the survey and samples indicates that the river is not, in the main, in a very satisfactory condition.'

### *River Allen*

'With the exception of the pollution which takes place from the Witchampton Paper Mills, the River Allen is not seriously polluted until it reaches Wimborne. It is most unfortunate that the river should be subjected to pollution by sewage from the town because it was obvious that it was in an unsatisfactory condition for the greater part of its course through the town. As far as can be ascertained there is no sewerage system (including a sewage disposal plant) for Wimborne, and what sewers do exist discharge direct to the river. It is obvious, therefore, that the amount of pollution from a town of the size of Wimborne would be considerable and must have a very serious effect upon such a small river as the Allen, particularly during a dry spell when the volume of water in the river is low with a correspondingly small dilution taking place.

'Bearing this in mind it is reasonable to presume that the River Allen would have an adverse effect upon the condition of the Stour as the confluence of the two rivers is not more than half mile from the centre of Wimborne so that the River Allen has little chance for self-purification before it joins the major river.'

Understandably, this report caused a good deal of concern not only to the county council and the local catchment boards but also to the county district councils who had to face the task of providing the necessary sewers and sewage disposal works. One of the many difficulties in the way of progress on sewerage schemes was the limitation on capital investment imposed by the Government. The principal black spots—from a rivers pollution point of view—were Beaminster, Charmouth, Dorchester, Sturminster, Gillingham and Wimborne.

It is satisfactory to note that excellent progress has been made with sewerage schemes at each of these places and the only scheme not now actually in course of construction is that for Beaminster. This scheme, however, has been at the Ministry for some months, having already been approved by the county council, and it is hoped that a start may be possible during the latter part of 1960.

It is a growing practice to design sewerage and sewage disposal schemes with due allowance for any trade waste which might require treatment and, in respect of this service, financial contribution is normally paid to the local sanitary authority by the trade management concerned. This is a sound policy because it prevents too many treatment plants being constructed in a particular locality and, generally speaking, joint schemes of this type are far less expensive than if, say, one works were constructed for domestic sewage and another for trade waste.

## Sanitary Accommodation

The standard grants available under the House Purchase and Housing Act, 1959 (Part II) have already done much to improve the standard of sanitary accommodation in Dorset and have helped considerably in bringing about conversions from earth closets to the water-carriage drainage system.

The facilities afforded under the Housing Act, 1949, by means of which improvements grants may be obtained for, inter alia, provision of bathrooms, water closets and drainage systems, have also proved helpful and less difficulty has lately been experienced in the connection of properties to newly-constructed sewerage schemes. It is noticeable how anxious householders have become for the installation of modern methods of sanitation and the regrettable thing is that a greater proportion of the villages in Dorset have not yet been provided with sewerage and sewage disposal schemes. This is almost entirely due to the high cost of drainage schemes.

## **Public Cleansing**

The public cleansing services of the county continue to function as efficiently as the limitations imposed by financial factors allow. Difficulty is still being experienced in certain rural districts in the matter of finding satisfactory sites for refuse disposal, but the situation does not appear to be as serious as it was two or three years ago. So important is this subject, from the national as well as the county viewpoint, that comment must once more be made upon the lack of progress on the schemes for the composting of refuse and sewage sludge. The economic difficulties in a county such as Dorset in transporting refuse to sites at which sewage sludge is available in adequate quantities are appreciated, but composting could be carried out on a limited scale in certain areas without incurring heavy capital expenditure on special equipment. It is firmly believed that an effort in this direction would be worth while and that the extra organisation required would be more than offset by the means which composting would provide for getting rid of sewage sludge.

With regard to the litter nuisance, it was encouraging to note that in spite of the long, dry summer and the many thousands of visitors to Dorset, people had become more conscious of litter and generally used to capacity the receptacles which the highway authority and the district councils had provided. In this latter connection one feels bound to comment again that the variety of containers provided for litter was almost as incongruous as the litter itself; there is clearly much to be said for the adoption of a standard type of litter bin finished in a standard colour, green, for instance, but of greatest importance is that the containers should be adequate in size, sufficient in number and regularly emptied. Small bins are filled with great rapidity and when they begin to overflow the nuisance which is created is even worse than the failure to provide containers. The Litter Act, 1958, cannot be said to have helped a great deal in combatting the litter problem, mainly because of the difficulties of administration.

Closely allied with the problem of litter resulting from the deposition of paper bags, cartons, tins and bottles is the even greater menace caused by the fouling of hedgerows, heathland and spinneys on some of the main roads by urine and faecal matter, arising from the growing practice of people sleeping in their cars in laybys and on similar parking places. In the absence of any recognised form of sanitary convenience resort is made to the hedgerows and as a consequence appalling conditions are caused. Bad as this matter is in Dorset, it appears to be even worse in other south-western counties.

This problem has, it is known, been discussed at a high level but as yet no satisfactory legislation has been introduced to combat one of the most sordid and potentially dangerous nuisances which have arisen as a result of the tremendous increase in road traffic.

There is, it is felt, much to be said for the suggestion which was made in the 1958 report that local authorities whose areas are frequented during the holiday season should examine the possibility of providing along main roads suitably sited overnight carparks on which adequate sanitary facilities should be available. A pre-requisite to such a scheme would be legislation to prohibit overnight casual camping except in authorised parks.

## **Shops Act, 1950**

As far as other duties will allow, the public health inspectors of the county district councils have given attention to the administration of the relevant provisions of the Shops Act. Although the amount of work which they have been able to put in falls short of what might have been desired, it is unlikely that greater attention can be paid to this subject until and unless the staffing position improves.

## **Swimming and Sea Water Bathing**

In December the long-awaited report on the pollution of beaches by sewage was published. There is no doubt that the committee set up to investigate this matter did so in a most painstaking way but their report and their findings came as a great surprise—indeed, as a shock to those who, for many years, had been drawing attention to the amount of sewage which was being discharged into the sea. Whilst it was admitted in the report that there were beaches on which, aesthetically, conditions were foul, the conclusion which had been reached was that there was little, if any, danger to health. Since the report was published it has been the subject of much consideration and discussion; it is, it would seem, now left very much to the conscience of individual councils and the idea which has been advanced whereby publicity will be given to seaside resorts where the safety and cleanliness of the beaches have been secured by the proper disposal of sewerage might, in time, be successful in obtaining the desired results. Nevertheless, it is a great pity that there should not be an official lead in a matter which has been and doubtless will continue to be the cause of much public concern.

Turning to inland swimming arrangements, there are four open-air public swimming baths in Dorset situated in Blandford, Gillingham, Shaftesbury and Poole. In each case main water is used and treatment is carried out by automatic chlorination.

During the period that the baths are in use the public health inspectors of the county districts concerned maintain close supervision on the method of water treatment, and regular and frequent samples are submitted for bacteriological examination and tests made for free chlorine.

The Victory Bath at Gillingham was opened in June, 1959, and proved a valuable amenity in the area during the hot summer of 1959. By arrangement, organised swimming instruction for school children is given at the four public baths.

In addition to the above, learner swimming pools have been provided for organised swimming instruction at seven of the larger schools in the county. These have proved a great success and a great asset and, judging by the results obtained on the frequent control tests which are made, the system of water treatment has proved even more satisfactory than had been expected. The free chlorine content of the water is closely supervised during the periods that the baths are in use, and in this the teaching staff and selected senior pupils are co-operating fully under the guidance of the county health department.

## **Disposal of Radioactive Waste**

During the year the installation for conveying radioactive and other wastes from Winfrith Heath two miles out to sea at Arish Mell was completed. The overland section, which is approximately six miles long, consists of an inner pipe conveying radioactive effluent enclosed within an outer pipe, the space between the pipes conveying non-active effluent. At the shore valve house the outer and inner pipes separate, the non-active pipes discharging fifty feet beyond L.W.O.S.T. and the active pipes continuing out along the sea bed for 12,000 feet.



The pipeline will discharge 0·4 million gallons per day of active effluent and 1·1 million gallons per day of non-active effluent. The pipelines are in duplicate to afford a measure of standby; using both pipes together the required quantities can be discharged in approximately fourteen-and-a-half hours. The pipelines are of six-inch diameter, seamless mild steel tube, but welded in 1,200-foot long strings by the electric metal arc process.

A number of inspections were made in company with the chief industrial chemist at Winfrith during the course of laying the over-land pipeline and the county public health engineer, in reporting to the public health sub-committee, stressed the thoroughness with which the whole operation had been carried out. The assembly and eventual launching in July and early August of the undersea section was, in itself, a highly complicated and difficult operation. Yet so carefully was it planned and so successful was its execution that the whole operation was completed with seemingly no trouble at all.

It is unlikely that the main pumping station and the elaborate control and warning system will be ready for operation until the spring of 1960. When eventually the system has been tested, approved and brought into use the discharges will take place strictly in accordance with the authorisation which the Atomic Energy Authority have been granted under the Atomic Energy Act, 1954. Monitoring reports on radioactive waste entering the pipeline and the results of analyses of seawater, sand and other specimens examined will be available for inspection by the county council.

## **Verminous Premises**

### *The Control of Vermin and Insect Pests*

There is once again evidence to show that the decline in the number of persons and premises reported to be verminous, to which reference has been made in recent years, has continued.

### *Vermin Control*

A great deal of valuable work has been done during the year in the destruction of rats and mice but it would be advantageous if there could be some extension of this service following the improved financial situation.

## **Factories Acts**

Dorset is not an industrial county and the number of factories is small. Accordingly, the need for any considerable volume of work under the Factories Acts does not arise but the necessary supervision has been carried out.

Satisfactory co-operation has been maintained between H.M. Inspectors of Factories and the local authority officers concerned.

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## **INSPECTION AND SUPERVISION OF FOOD**

### **Milk Supply**

#### *Pasteurised Milk*

The number of dairies in the county licensed for the pasteurisation of milk at 1st January, 1959, was eighteen, including three in the borough of Poole. During the year licences were cancelled in respect of two dairies where milk pasteurisation had ceased, bringing the total to sixteen at 31st December, 1959.

The total quantity of milk pasteurised each day is approximately 29,000 gallons of which no less than 25,000 gallons are processed by the high-temperature—short-time method. It is noteworthy that about ninety-three per cent of the milk is heat treated at eight of the sixteen licensed dairies and this is an indication of the trend in milk distribution which has been developing with increasing rapidity during recent years.

In general, a satisfactory standard of hygiene was maintained at the pasteurising dairies during the year and reference to the statistical summary shows that of 1,326 rinses and swabs of cleaned dairy equipment, including bottles, only 149 produced unsatisfactory laboratory reports.

Officers from the county health department visit the dairies each week and obtain samples of the pasteurised milk. During the year under review 2,295 specimens were submitted to the prescribed phosphatase test, of which no less than 2,276 were satisfactory. Due to the warm summer, there were many days when the atmospheric shade temperature exceeded 65°F. and as a result only fifty-five per cent of the pasteurised milk samples were submitted to the methylene blue test, of which less than one per cent were unsatisfactory.

#### *Milk Legislation—The Milk and Dairies (General) Regulations, 1959*

These regulations became effective on 8th March, 1959, and re-enact, with amendments, the Milk and Dairies Regulations, 1949, and the Milk and Dairies (Amendment) Regulations, 1954, which are revoked.

The new regulations contain some important amendments which include making it obligatory for all persons engaged in the milking of cows and the distribution and handling of milk to wear clean, washable overalls, including head coverings. Other new measures concerned with hygiene in relation to milk production and distribution now bring the dairy trade in line with other food premises as they are affected by the Food Hygiene Regulations.



Prevention of the Sale of Tuberculous Milk

The statistical summary indicates that 584 samples of milk were submitted for biological examination for tubercle during 1959. Each of the specimens produced a negative result and it is very satisfactory to be able to report that generally the risk of contracting tuberculosis through the consumption of raw milk in Dorset is no longer apparent. The county is an attested area under the provisions of the Tuberculosis (Attested Herds) Scheme, 1950, and during the year the number of attested herds increased by 150, so that at 31st December, 1959, there were 3,506 out of a total of 3,520 herds.

Designated Milk Production

At 1st January, 1959, the number of registered dairy farms in Dorset was 2,871, of which 2,297 (eighty per cent) were licensed for the production of tuberculin tested milk. At the end of the year the number of registered dairy farms had decreased by fifty-five to 2,816, of which 2,469 (eighty-seven per cent) were licensed for tuberculin tested milk production.

Specified Areas

On 1st April, 1959, the following areas of the county were 'specified' in a Milk (Special Designation) (Specified Areas) Order of the same date:—

- The boroughs of Blandford and Shaftesbury;
- The urban district of Sherborne;
- The rural districts of Blandford, Shaftesbury, Sherborne, Sturminster and Wimborne and Cranborne.

With the inclusion of these additional areas, the position in Dorset at 31st December, 1959, was that in approximately two-thirds of the county, involving about eighty-seven per cent of the total county population, only tuberculin tested, pasteurised or sterilised milk may be sold by retail. In two instances only have consents been granted by the Ministry of Agriculture, Fisheries and Food to producers in the specified areas to permit the sale by retail of milk without the use of a special designation to local residents who would, because of their remote position, be unable to obtain a supply.

Statistics

Summary of Samples taken during the year

Sampling Point	Turbidity test	Methylene blue test		Phosphatase test		Total	Biological Examination		Total
		Pass	Fail	Pass	Fail		Negative	Positive	
Licensed Pasteurising Establishments ..	—	1,241	8	2,276	19	2,295‡	9	—	9
Schools:—									
Pasteurised milk ..	—	1,088	11	1,776	5	1,781	3	—	3
T.T. milk ..	—	94	57	—	—	151	4	—	4
School Canteens:—									
Pasteurised milk ..	—	401	1	646	4	650	5	—	5
T.T. milk ..	—	19	13	—	—	32	—	—	—
County Homes and Hospitals:—									
Pasteurised milk ..	—	129	—	221	—	221	1	—	1
T.T. milk ..	—	34	8	—	—	42	5	—	5
Retailers:—									
Pasteurised milk ..	—	328	—	553	2	555	1	—	1
T.T. milk ..	—	57	15	—	—	72	13	—	13
Sterilised milk ..	5	—	—	—	—	5	—	—	—
Producers and Producer/Retailers:—									
T.T. milk ..	—	224	56	—	—	280	424	—	453
Non-designated milk ..	—	11	2	—	—	13	88	—	88
Private Schools:—									
Pasteurised milk ..	—	172	1	278	1	279	1	—	1
T.T. milk ..	—	7	—	—	—	7	1	—	1
Totals ..	5	*3,805	172	5,750	31	6,383‡	555	—	584†

\* In accordance with the provisions of part 3 to the third schedule of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53, 2,401 samples of pasteurised milk were not submitted to the methylene blue test as the atmospheric shade temperature exceeded 65°F. on the days the samples were obtained.

‡ Includes 576 samples taken by Poole Borough health inspectors.

† Includes 29 samples taken for biological examination by Poole Borough health inspectors.

Rinses and Swabs

Obtained from	Satisfactory	Fairly Satisfactory	Unsatisfactory	Total
Pasteurising Establishments .. ..	1,093	84	149	1,326

## Water

<i>Sampling Point</i>	<i>Satisfactory</i>	<i>Suspicious</i>	<i>Unsatisfactory</i>	<i>Total</i>
Pasteurising Establishments, Police Houses, Schools, etc. .. .. .	495	87	20	602

## General

	<i>Samples</i>
Swimming-bath water, sewage effluents, Moore's swabs, food, cream, milk, not included in above tables .. .. .	446
Grand total of samples taken (all groups) .. .. .	8,736

## Meat and Other Foods

### Meat Inspection

There are twenty-five licensed general slaughterhouses, two bacon-factory slaughterhouses and a food-factory slaughterhouse in the county. One slaughter-house is council-owned, the remainder being under private ownership. Except for the two bacon factories and one general slaughterhouse, meat inspection is undertaken by the public health inspectors to the relevant county districts, whose aim it is to maintain a one-hundred-per-cent meat inspection service despite the irregular hours, including week-ends, which this entails in some instances. It is difficult to appreciate how this problem can be met other than by the introduction of measures to control the times of slaughtering and under existing conditions some public health inspectors experience a considerable strain in maintaining complete inspection.

The Meat (Staining and Sterilisation) Regulations, 1959, which would have become operative on 1st April, 1959, were revoked by the Meat (Staining and Sterilisation) (Revocation) Regulations, which become effective on 26th March, 1959. This revocation measure is, from the public health viewpoint, to be deprecated and it is to be hoped that new and amended regulations which, it is understood, are under consideration will be introduced as soon as possible in order that the public may be properly protected from the dangers associated with the handling of diseased meat.

### The Manufacture and Sale of Ice Cream

Only a comparatively small percentage of the ice cream sold in Dorset during 1959 was manufactured in the county. For the most part sales are in respect of prepacked ice cream produced by the large manufacturers having a national distribution. The measures which have been adopted in the post-war years to ensure that this highly vulnerable foodstuff is manufactured and distributed under hygienic conditions have proved effective and the health risks which at one time might reasonable have been associated with the consumption of ice cream have, in general, now been removed.

The medical officers of health and public health inspectors of the county districts maintain a close supervision of the manufacture and sale of ice cream, and during 1959 some 489 samples were submitted to the methylene blue test at the public health laboratory, Dorchester. It is noteworthy that 465 (ninety-five per cent) were of a satisfactory grade.

The Ice Cream (Heat Treatment, etc.) Regulations, 1959, came into operation on 27th April, 1959, and they consolidate and amend the Ice Cream (Heat Treatment, etc.) Regulations, 1947-52, which are revoked. They require that ingredients used in the manufacture of ice cream are to be pasteurised by one or other of three specified methods, or sterilised and thereafter kept at a low temperature until the freezing process is begun. They exempt from the pasteurising or sterilising requirements certain types of water ices and ice lollies which are sufficiently acid to make such treatment unnecessary.

### Adulteration of Food and Drugs

The duties of the county council in connection with sampling under the Food and Drugs Act, 1955, are undertaken by the chief inspector of weights and measures. The following particulars relate to samples taken during the year ended 31st December, 1959:—

<i>Nature of Sample</i>	<i>Number obtained</i>	<i>Number certified as adulterated or not up to standard</i>
Milk .. .. .	475	26
Butter .. .. .	5	—
Cream .. .. .	17	—
Ice Cream .. .. .	2	—
Potable Spirits .. .. .	39	—
Other Foods .. .. .	139	27
Drugs .. .. .	25	—
Totals .. .. .	702	53

## CLEAN AIR

Dorset being predominantly an agricultural county with no heavy industries, problems of serious air pollution do not arise. However, the relevant provisions of the Clean Air Act are enforced where necessary and, in addition to the question of smoke from industrial and domestic chimneys, the public health inspectors of Poole and Weymouth have regard to vessels in harbour with a view to minimising smoke nuisance from this source.

Close co-operation has been maintained between the public health inspectors and the alkali inspectorate.

## CARAVANS AND CAMPING

Each year the Dorset coastline, which is renowned for its beauty, attracts an increasing number of holiday-makers. To cater for those who prefer an open-air holiday there are numerous caravan and camping sites ranging from the very large with every amenity, such as Rockley Sands at Poole, where 1,100 caravans can be accommodated under ideal conditions, to those for a single van only, but in some locations the demand for these facilities is so great that it now exceeds the supply. In these circumstances the district councils need to maintain a close supervision in order to prevent overcrowding which some site owners might be tempted to incur.

A survey carried out by the county planning department on August 4th, 1959, revealed that on that date there were 6,695 caravans and 1,885 tents on sixty-one authorised sites in the Dorset coastal area. In addition, some 328 caravans and 2,245 tents were using sites without planning permission.

During the holiday season the public health inspectors of the county districts concerned make frequent inspections of the many licensed caravan and camping sites, and in general it can be said that a satisfactory standard of hygiene is maintained although the best conditions are only to be found where main water and waterborne sanitation have been provided.

To meet the increasing demand, many sites have been extended to provide for more caravans and in these cases it is necessary to ensure that the supply of water and the sanitary accommodation are adequate for the requirements of the additional number of persons.

It is generally agreed that existing legislation is inadequate and unsatisfactory for the proper control of caravan and camping sites, and it is hoped that this position will be improved when the Caravan Sites and Control of Development Bill, now before Parliament, becomes law.

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## HOUSING (Table 28)

The position regarding new house construction in Dorset is set out in the following table, the figures having been taken from the Ministry of Housing and Local Government return for 1959. The number of new council houses built during the year was 353, a decrease of sixty-six compared with the number completed in 1958. Dorchester Borough Council built most council houses in Dorset during 1959 and their figure of 106 includes 100 houses erected for staff of the Atomic Energy Authority's experimental station at Winfrith.

It will be noted from the table that no new council houses were erected by the councils of the boroughs of Blandford, Lyme Regis, Shaftesbury and Wareham, the urban districts of Swanage and Wimborne, and the rural districts of Shaftesbury, Sherborne, and Wimborne and Cranborne.

With regard to the rural district councils, Dorchester, for the second year in succession, constructed the greatest number of council houses, some twenty-four having been completed; the next best achievement was that of the Wareham and Purbeck and the Bridport Rural District Councils with sixteen and twelve houses respectively.

Sturminster Rural District Council, with a total of 825 houses erected since 1st April, 1945, continues to hold the lead in post-war house building, but at 31st December, 1959, their position was being closely challenged by the Wareham and Purbeck Rural District Council, with a figure of 817.

Although the rate of building in respect of council houses showed a further decline in 1959, private development increased appreciably. Some 1,405 private houses were built in Dorset, seventy-two per cent of them in the south-eastern part of the county where development has gone ahead with considerable speed, particularly in the borough of Poole, the Wareham and Purbeck and the Wimborne and Cranborne rural districts.

As far as the rural districts are concerned it is probable that, as in 1958, economic factors continued to influence the low rate of council house building during the year; furthermore, the problem of finding suitable sites has not eased and in two instances house building programmes have been held up pending the completion of main drainage schemes.

In respect of the nine rural district councils the total number of applicants for accommodation at 31st December, 1959, was 1,512, which is an increase of 138 compared with 1958. This is an indication that the provision of council houses continues to be a matter of some urgency and it is hoped that 1960 will see an increase in council-house construction, particularly in those areas where the demand is greatest.

### *The Housing Act, 1949*

A summary of the work done by the rural district councils in connection with the conversion of buildings into dwellings and the improvement of dwellings under the provisions contained in Part II of the Housing Act, 1949, is given in the appropriate table.

During the year a total of 297 applications were received, affecting some 347 private dwellings and, in addition, one council-owned property in the Bridport rural district and eighteen council-owned properties in the Wareham and Purbeck rural district were improved. Both the Dorchester and Shaftesbury Rural District Councils received fewer applications than in 1958, but even so, the overall figure for the nine rural district councils shows an increase of forty-eight in the number of applications made in 1959. The rural districts in which most private dwellings were improved were:—

Wareham and Purbeck	68
Wimborne and Cranborne	67

The carrying out of improvements materially assists in raising the general standard of housing and it is hoped that local authorities and owners of rented properties, in particular, will, when the occasion arises, make full use of the facilities available.

### *The House Purchase and Housing Act, 1959—Standard Grants*

The House Purchase and Housing Act, 1959, came into operation on 14th June and consequently the table only gives a summary of the first six months' work undertaken by the rural district councils in respect of standard grant improvements.



Except in the cases of Sherborne and Wareham and Purbeck, the figures for application received are not discouraging. It is noteworthy that the Dorchester, Sherborne and Wimborne and Cranborne Rural District Councils have taken advantage of the provision contained in the Act to introduced the standard amenities to council-owned property, and in the case of Dorchester no less than eighty-nine properties were so improved, which is a creditable achievement.

# Statistics

## Permanent Houses completed in Dorset since 1st April, 1945

Housing Authority	Position as at 31st December, 1958				Position as at 31st December, 1959			
	Under Construction		Completed		Under Construction		Completed	
	By Council	Privately	By Council	Privately	By Council	Privately	By Council	Privately
<i>Boroughs:</i>								
Blandford Forum .. ..	—	—	310	39	—	1	310	40
Bridport .. ..	4	3	304	126	36	13	308	133
Dorchester .. ..	—	9	383	304	4	11	489	324
Lyme Regis .. ..	—	7	201	104	—	6	201	127
Poole .. ..	84	229	3,199	3,655	196	484	3,289	4,169
Shaftesbury .. ..	—	7	138	67	—	3	138	81
Wareham .. ..	—	5	135	82	4	17	135	101
Weymouth and Melcombe Regis ..	23	75	1,503	994	103	87	1,552	1,149
<i>Urban Districts:</i>								
Portland .. ..	28	10	376	100	24	6	404	109
Sherborne .. ..	—	2	306	44	17	1	310	48
Swanage .. ..	—	21	230	330	—	29	230	363
Wimborne Minster .. ..	—	1	119	41	32	5	119	43
<i>Rural Districts:</i>								
Beaminster .. ..	1	6	326	138	7	9	336	146
Blandford .. ..	—	10	418	202	6	25	426	220
Bridport .. ..	8	23	204	238	16	22	216	268
Dorchester .. ..	24	40	495	376	16	54	519	429
Shaftesbury .. ..	—	12	421	184	—	10	421	209
Sherborne .. ..	—	7	244	81	—	9	244	94
Sturminster .. ..	—	3	823	144	—	6	825	152
Wareham and Purbeck ..	8	52	801	591	48	42	817	760
Wimborne and Cranborne ..	—	102	784	1,747	3	130	784	2,027
Totals .. ..	180	624	11,720	9,587	512	970	12,073	10,992

## Housing Act, 1957—Clearance Areas and Individual Unfit Houses

The work undertaken by the nine rural district councils in connection with clearance areas and individual unfit houses is summarised below. During the year a total of 107 individual unfit houses were either demolished or closed, compared with 201 for the previous year. On the other hand the number of houses dealt with in clearance areas rose from thirty in 1958 to 203 for the year under review, which reflects a considerable increase in the work which has been done. Furthermore, in 1959 some 256 houses were included in confirmed orders and this is more than double the number which was similarly dealt with in the preceding year. It is hoped that the district councils will be able to maintain this satisfactory level of progress in order that any remaining areas of bad housing can be cleared and suitably developed without undue delay.

Housing Authority	Houses in Clearance Areas and Unfit Houses Elsewhere			Houses in Clearance Areas and Unfit Houses Elsewhere		
	Included in orders confirmed 1.1.55— 31.12.58	Demolished or closed 1.1.55—30.9.58		Included in orders confirmed 1.1.55— 31.12.59	Demolished or closed 1.1.55—30.9.59	
		In clearance areas	Elsewhere		In clearance areas	Elsewhere
<i>Boroughs:</i>						
Blandford Forum .. ..	—	3	15	—	3	23
Bridport .. ..	22	—	43	22	—	43
Dorchester .. ..	62	—	67	62	64	70
Lyme Regis .. ..	—	1	5	—	1	8
Poole .. ..	221	75	52	405	152	66
Shaftesbury .. ..	8	—	8	8	11	8
Wareham .. ..	—	—	4	—	—	4
Weymouth and Melcombe Regis ..	40	14	54	40	38	76
<i>Urban Districts:</i>						
Portland .. ..	—	—	18	—	—	25
Sherborne .. ..	36	15	—	36	19	—
Swanage .. ..	—	—	1	—	—	1
Wimborne Minster ..	—	—	1	69	—	1
<i>Rural Districts:</i>						
Beaminster .. ..	10	16	15	10	22	20
Blandford .. ..	—	—	18	—	—	26
Bridport .. ..	4	—	2	7	2	2
Dorchester .. ..	8	—	48	8	8	65
Shaftesbury .. ..	—	3	75	—	9	81
Sherborne .. ..	—	2	22	—	2	24
Sturminster .. ..	—	7	32	—	8	36
Wareham and Purbeck ..	—	—	36	—	—	39
Wimborne and Cranborne ..	—	—	46	—	—	51
Totals .. ..	411	136	562	667	339	669





## SPECIAL ARTICLE

### THE DOMESTIC HELP SERVICE IN DORSET

The National Health Service Act, which came into force in July 1948, empowered a local health authority to make arrangements for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, aged, or a child not over compulsory school age, subject to proposals for the scheme being approved by the Minister of Health. These provisions, embodied in Section 29 of the Act, followed the section which gave local health authorities wide powers to deal with matters of a socio-medical nature on a broad basis. The intention was in fact to extend the spectrum of preventive medicine. In addition the authorities were empowered to make charges for the service having regard to the means of those persons receiving it.

Prior to 1948 domestic help services were in operation in the Borough of Poole and the Urban District of Portland, both services having much in common in setting out to supply domestic help to homes in which there was ill health. The Portland service was well developed and capable of expansion to meet any further needs that might arise in the district but the Poole service could not meet the demands to the same extent.

#### *Organisation*

The Ministry of Health approved the scheme for providing a domestic help service throughout the county to such persons as would qualify under the Act and in January 1949 the county council appointed a university graduate qualified in social science as domestic help organiser. An assistant organiser was appointed in October 1950 to carry out day to day administration of the service in the Borough of Poole and in October 1952 an organiser/clerk was appointed who spent one third of her time in the South Dorset Area and the remainder on clerical duties at county hall; this was later extended when in 1957 a full-time officer was appointed for the South Dorset Area.

In the rural areas voluntary organisers were employed on a local basis. The Women's Voluntary Service provided a number of these, some were members of the St. John Ambulance Brigade and others were not attached to any organised voluntary body. The duties of these organisers varied according to the time they were prepared to spend and their other commitments, for example two in north Dorset looked after entire rural districts and the small towns within their boundaries. They engaged home helps, in consultation with the county domestic help organiser, allocated the work to cases, assisted in the filling up of the necessary assessment forms and maintained an excellent liaison with local medical practitioners, nurses and others who requested help for their patients. On the other hand some of the voluntary organisers confined their activities to small towns or groups of villages around their homes. In the early years of the service the county organiser spent much of her time in assisting the voluntary organisers but the number of visits paid to each varied according to the amount of work they were able to undertake and to other local conditions. There remained large rural districts where it was not possible to get adequate voluntary help and in these cases the county organiser had to carry out the day to day administration of the service. Nevertheless, the pioneer work of the voluntary contribution in the initial stages of the home help service was much appreciated and enabled the administrative costs to be kept to a minimum. These voluntary organisers have nearly all resigned as the service has developed beyond what can reasonably be expected of such workers. Over a period there were three instances in which a voluntary organiser dealt with an average of fifty cases in the year and controlled between fifteen and twenty-five home helps.

#### *Home Helps*

The number of home helps employed under the various categories is shown in Table I. In 1959 the establishment consisted of two full-time home helps, ninety-three employed on a part-time basis with a guaranteed payment for twenty-two hours per week and 145 spare-time workers enrolled on a casual basis with no guaranteed hours. At present 240 home helps give an equivalent full-time ratio of 97.5 for the whole county including Poole and South Dorset.

The development of the service has been steady and each year more home helps have been employed to meet the ever increasing demand. The nature of the work makes the use of part-time workers desirable as almost all cases mainly require attention in the mornings. In general home helps with guaranteed payments are preferred in the towns in order that regular working timetables can be made out; in the rural areas where demand is intermittent it is usual for spare-time helps to be employed. In Dorset full-time helps are few because the nature of the work does not justify employment on a regular basis. The only parts of the county where serious difficulty has been experienced in securing home helps are Lyme Regis, Charmouth and Swanage and in these places the availability of help is considerably affected by seasonal demands upon female labour by the holiday industry. In the Sherborne district suitable women are difficult to find because a large amount of labour is used by the private schools and as out-workers in the glove-making industry based on neighbouring Yeovil.

The home helps generally are of a very high standard with a keen sense of vocation and many instances have been reported in which they have given help beyond that which might be expected of them. Examples of this include the provision of Sunday dinners to elderly persons living on their own and arranging for their husbands and friends to carry out interior decorations on behalf of their cases.

Meetings are held from time to time at which a guest speaker attends and home helps from all over the county have an opportunity of discussing various problems and aspects of the work. In addition there is a club at Poole which meets regularly and organises a Christmas party for elderly persons under their care. These activities have greatly assisted in placing the home help in a prominent position as a member of the health team. Badges and overalls are provided for their use and many of the home helps would in fact like to wear uniform but this will not be encouraged.

#### *Cases for whom home help was provided*

In general five categories of person receive help and these are summarised for the ten year period in Table II. First priority is given to maternity cases. A special scheme was introduced for the care of tuberculous patients and attention is paid to the health of the home helps who assist these patients. Short-term illness, usually affecting the mother with young children, receives immediate attention. With these three categories it will be noted that very little increase in the number of cases helped has taken place throughout the years. Maternity cases were assisted in 121 instances during 1951 as compared with 143 in 1959 and the corresponding figures for short-term illness were 110 and 112 respectively. A considerable increase has however taken place in the remaining two categories, of old age and long-term illness, where the percentage of cases helped has risen from forty-five per cent in 1951 to 74·3 per cent in 1959. From these figures it becomes apparent that the increase in the demands of the service is related to the type of case and that it has increased most in attempting to meet the needs of the elderly in their own homes.

The duties carried out by the home helps vary considerably. In maternity and short-term illness she is expected to carry out all that the mother would normally do for the family. In long-term cases much less assistance is needed over a considerable period and the aim is to provide a little help early in an attempt to prevent deterioration in the conditions of the home and the person concerned. In dealing with elderly persons one of the physical limitations that arises early is an inability to bend down, clean in corners and attend to the fire. This necessitates as much help as possible being given to such cases in the mornings and underlines the need for part-time rather than full-time workers. In Poole four volunteers have formed a black squad to go into dirty homes and do an initial clean-up before the regular home help takes over. Assistance is of course obtained from the borough public health department staff for the disposal of rubbish and disinfection when necessary. In such conditions when dealing with dirty households or with problem families more than one home help is allocated in the first instance which considerably boosts morale and speeds up the operation.

#### *The referral of cases*

The majority of applications are received either from the health visitor, the home nurse or the family doctor but hospital almoners, representatives of the National Assistance Board and other welfare workers make application on behalf of their clients from time to time. When an application has been received a visit is paid by the organiser for the district who assesses the amount of help necessary and allocates a suitable help to carry out the duties. Further visits are paid as necessary and should any difficulty arise adjustments are made. The home helps keep in close contact with the organiser and not infrequently a change of home help has to be made. Time keeping is watched and any inimical behaviour dealt with.

#### *Payment for the service*

A standard payment of 3/8d. an hour in the county and 3/9d. in the borough of Poole and in the South Dorset area is charged. If a person cannot afford this charge an assessment is made of the financial position and a maximum weekly payment arrived at; this is undertaken by the clerical staff. Assessments take into account personal allowances based on modified National Assistance Board scales and allowances for hire purchase, mortgage house rents, etc. In long-term cases charges are differently assessed so that a reduced charge becomes payable after three weeks. In certain instances, especially those of families in the lower income group, the scales occasionally work out unreasonably high and in such instances the chairman of the health committee has power to make a special assessment. This is sometimes necessary where social rehabilitation of problem families is being carried out and in mental cases in which the person requiring help refuses to complete the form owing to his or her mental condition.

#### *The development of the service throughout the county*

In Table III the number of cases in which home help was provided in each part of the county is shown and in order to make easy comparisons these figures have been expressed as the number of cases helped per thousand of the population. For this purpose the smaller municipal boroughs and urban districts are shown in some instances jointly with rural districts.



In general it will be seen that a larger number of cases are helped in Poole and South Dorset than in the county area. In 1959, for example, the number of cases assisted per thousand population in the county area was 3.17 in Poole, 4.82, in South Dorset 6.1. Further analysis indicates that there is considerable variation in the number of cases helped in the various districts throughout the county area. Virtually no service exists in Lyme Regis and in Beaminster only five cases (0.61 per thousand) were helped during 1959. In other districts the corresponding figures vary from 2.08 in Wareham to 6.98 in Sturminster Newton.

In 1957 when there were twelve voluntary organisers it was apparent that the presence of local organisers stimulated a greater demand. Where there was a good voluntary organiser many cases were dealt with and the acute problems which arose concerning short-term illness and maternity cases were easily contained. At that time Sturminster Newton, Shaftesbury, Blandford and Bridport all had well developed services with excellent voluntary organisers. The duties carried out by these organisers were considerable and the work done by each would have kept a full-time officer occupied for about one third of her time. Their wide local knowledge and contacts were of considerable help to them but it was becoming apparent that the service had become so complex that few suitably qualified persons were coming forward as voluntary organisers. A sub-committee investigated the problems of the service following a review in which every aspect was carefully explored and considered. Although the presence of a voluntary organiser was found to be beneficial that was not the sole factor operating locally. For example there was a most suitable voluntary organiser in Lyme Regis who failed to find any home helps and a good organiser in the Beaminster rural district was in a similar position. Careful enquiries led one to the opinion that in Beaminster younger people readily accepted more responsibility for the aged and neighbours also did more for the old folk, and the general attitude might well have been that prevailing in the country as a whole thirty years ago. As a result it was concluded that the service there was just not necessary to the same extent as elsewhere in the county. In only one district did the service have a bad name and as a result two home helps were dismissed. In all other areas where medical officers of health, family doctors, health visitors, district nurses, housing managers and others closely involved in the problem were interviewed nothing but praise was given to the service and, in particular, to the individual home helps.

The salient feature that emerged from the enquiry was that the problem must be dealt with as a medical and nursing one, the emphasis being on prevention. No other single service can contribute more at this time to keeping elderly persons in their own homes. Many cases were helped which would otherwise have been admitted to homes for elderly persons or to chronic sick beds in hospital.

#### *Travelling in rural areas*

With the exception of Blandford Forum and district the public 'bus services were grossly inadequate. Many home helps walked considerable distances or used bicycles for which a small weekly allowance was paid. In order to alleviate these difficulties the county council agreed to the use of motor scooters, motor bicycles and mopeds and allowances on a mileage basis are paid accordingly. It was further agreed that a mileage allowance could be paid at the discretion of the county medical officer of health for the use of cars owned by the home helps provided that 5,000 miles in any one year was not exceeded. This is only used as an emergency measure but it is extremely useful in dealing with maternity cases. Among the difficulties experienced was the reluctance of home helps to work in their own villages and also of old persons to have home helps whom they knew personally. This was met by transferring women to jobs in neighbouring villages.

#### *Present Position*

In July 1959 a county home help organiser who is a state registered nurse and health visitor with wide experience in district nursing was appointed to the vacancy caused by the death of her predecessor. This officer was able to use her experience and qualifications to the full in indicating what duties were really necessary for each case and her wealth of experience is much appreciated by the hospital and general medical services. It was soon apparent that additional help would be necessary in the rural districts and accordingly the county council appointed a further part-time assistant organiser. Concentration has been given to those areas where the service was poorly developed and as a result the Sherborne and Wimborne areas have a much improved service. In Wimborne and Ferndown special problems exist owing to the large number of elderly persons in the community. Concentrated efforts have been made but much still remains to be done.

#### *Training and Conferences*

Training courses lasting for one week are organised annually in Poole but in the rest of the county these have been replaced by occasional conferences held locally. Usually a guest speaker is invited and time is given for general discussion on problems concerning the service. It is thus possible for the medical officers, nursing officers, and organisers to meet home helps in a group and to be presented with any difficulties or suggestions that might have arisen. An annual meeting of all home helps is held on a Saturday afternoon in Dorchester and the chairman of the maternity child welfare and nursing sub-committee presides. Prominent guest speakers have addressed these meetings where home helps come in contact with their colleagues from widely scattered parts of the county. By these means the individual home helps have come to realise their importance as a part of the county health service and many have a real vocation for the work.



TABLE 1—VITAL STATISTICS

<i>Area:—622,844 Acres.</i>	1950	1951	1952	1953	1954	1955	1956	1957	1958
<i>Population:—</i>									
Urban Districts ..	181,595	183,500	183,600	185,800	188,070	188,700	188,400	188,700	187,500
Rural Districts ..	109,245	112,800	112,900	113,560	113,430	115,300	115,700	116,400	116,500
Whole County ..	290,840	296,300	296,500	299,360	301,500	304,000	304,100	305,100	304,000
<i>Rateable Value</i>	£1,951,992	£1,985,454	£2,022,864	£2,055,181	£2,094,569	£2,155,508	£3,660,710	£3,564,262	£3,606,673
<i>Estimated Product of a Penny Rate</i>	£7,757	£7,667	£7,958	£8,121	£8,300	£8,518	£14,593	£14,102	£14,366
<i>Births:—</i>									
Still Births ..	88	87	89	104	102	91	93	91	80
Live Births ..	4,266	4,387	4,241	4,354	4,297	4,172	4,213	4,312	4,485
Legitimate ..	4,018	4,155	4,029	4,139	4,103	3,984	4,014	4,121	4,299
Illegitimate ..	248	232	212	215	194	188	199	191	186
TOTALS ..	4,354	4,474	4,330	4,458	4,399	4,263	4,306	4,403	4,565
Live Birth Rate (per 1,000 population) ..	14.6	14.8	14.3	14.5	14.2	13.7	13.8	14.1	14.7
Still Birth Rate (per 1,000 total births)	20.2	19.4	20.5	23.3	23.1	21.3	22.6	20.7	17.5
Live Birth Rate (England & Wales)	15.8	15.5	15.3	15.5	15.2	15.0	15.7	16.1	16.4
<i>Deaths:—</i>									
Total Deaths (all ages)	3,629	3,878	3,435	3,615	3,447	3,729	3,790	3,653	3,833
Death Rate (per 1,000 population) ..	12.4	13.0	11.5	12.0	11.4	12.2	12.5	11.9	12.6
Death Rate (England and Wales) ..	11.6	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7
<i>Infant Mortality:—</i>									
Deaths under 1 year of age ..	103	116	100	104	98	104	103	86	84
Legitimate ..	96	109	94	97	94	96	97	79	79
Illegitimate ..	7	7	6	7	4	8	6	7	5
Mortality Rate (per 1,000 Legitimate live births) ..	23.8	26.2	24.8	23.4	22.9	24.0	24.2	19.2	18.4
Mortality Rate (per 1,000 Illegitimate live births) ..	28.2	30.1	28.3	32.5	20.6	42.5	30.2	36.7	26.9
Mortality Rate (per 1,000 live births) ..	24	26	23	23	22	24.9	24.5	20.0	18.7
Mortality Rate (England & Wales)	29	29	27	26	25.5	24.9	23.8	23.1	22.5
<i>Maternal Mortality:—</i>									
Maternal Deaths ..	3	3	4	5	†3	1	2	—	3
Maternal Mortality Rate (per 1,000 births) ..	0.68	0.67	0.92	1.1	0.68	0.23	0.47	—	0.6
<i>TUBERCULOSIS.</i>									
<i>Deaths.</i>									
All forms ..	80	57	62	45	41	30	27	29	19
Death-rate per 1,000 population ..	0.27	0.19	0.20	0.15	0.13	0.09	0.08	0.09	0.06
Pulmonary ..	72	47	57	39	37	28	24	24	15
Death-rate per 1,000 population ..	0.24	0.16	0.19	0.13	0.12	0.09	0.07	0.07	0.04
Non-Pulmonary ..	8	10	5	6	4	2	3	5	4
Death-rate per 1,000 population ..	0.02	0.03	0.01	0.02	0.01	0.006	0.009	0.01	0.01
<i>Notifications:—</i>									
All forms ..	231	266	217	209	175	155	214	166	148
Pulmonary ..	184	225	177	163	146	135	184	148	136
Non-Pulmonary ..	47	41	40	46	29	20	30	18	12
<i>Notification Register as at 31st December:—</i>									
All forms ..	1,266	1,448	1,564	1,667	1,634	1,632	1,719	1,775	1,817
Pulmonary:									
Males ..	574	647	697	750	773	794	835	867	902
Females ..	404	493	534	582	597	613	657	693	707
Non-Pulmonary:									
Males ..	158	165	175	178	135	107	105	97	94
Females ..	130	143	158	157	129	118	122	118	114

† Includes one at age 45 where the interval between maternal condition and death was stated to exceed 12 months.



Please leave open when referring to Tables 2, 3 and 4.

TABLE 2—VITAL STATISTICS IN ADMINISTRATIVE AREAS

Causes of Death	Totals U.D.'s		Totals R.D.'s		Totals whole County, 1959	Comparable Totals, 1958	Blandford Forum M.B.		Bridport M.B.		Dorchester M.B.		Lyme Regis M.B.		Portland U.D.		Shaftesbury M.B.		Sherborne U.D.		Swanage U.D.		Wareham M.B.		Weymouth and Melburton Regis
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1. Tuberculosis, respiratory .. .. .	7	2	1	4	14	15	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
2. Tuberculosis, other .. .. .	—	2	—	—	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease .. .. .	2	—	1	1	4	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis .. .. .	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles .. .. .	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases .. .. .	3	4	1	1	9	8	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
10. Malignant neoplasm, stomach .. .. .	20	25	16	14	75	101	1	1	1	1	—	1	—	2	—	3	—	1	—	1	—	1	1	1	—
11. Malignant neoplasm, lung, bronchus .. .. .	77	18	30	5	130	130	3	1	3	—	1	2	5	—	3	—	1	1	1	—	6	3	—	—	—
12. Malignant neoplasm, breast .. .. .	—	62	—	20	82	75	—	—	—	5	—	4	—	2	—	6	—	—	2	—	1	—	4	—	—
13. Malignant neoplasm, uterus .. .. .	—	22	—	8	30	20	—	—	—	1	—	—	—	—	—	—	—	—	3	—	—	2	—	—	—
14. Other malignant and lymphatic neoplasms .. .. .	136	125	57	66	384	363	2	5	10	7	7	10	3	3	6	4	1	3	5	3	7	4	6	2	—
15. Leukaemia, aleukaemia .. .. .	9	8	2	4	23	26	1	—	—	1	—	1	—	—	1	—	—	—	—	—	—	2	—	—	—
16. Diabetes .. .. .	7	6	3	9	25	21	—	1	—	—	—	—	—	—	—	1	—	—	1	—	1	—	—	—	—
17. Vascular lesions of nervous system .. .. .	145	216	88	118	567	603	3	2	6	10	13	13	4	1	3	9	2	9	4	4	7	16	6	6	—
18. Coronary disease, angina .. .. .	269	169	131	73	642	611	4	6	9	6	12	6	5	4	11	3	7	3	7	6	10	9	6	1	—
19. Hypertension with heart disease .. .. .	14	33	7	9	63	74	—	—	—	2	2	6	1	—	1	2	1	1	—	—	—	—	—	—	—
20. Other heart disease .. .. .	140	226	105	138	609	677	4	11	9	24	13	16	3	5	8	8	3	5	4	4	4	13	3	1	—
21. Other circulatory disease .. .. .	61	79	32	39	211	168	1	1	—	—	2	4	1	1	3	2	3	4	2	7	3	7	1	2	—
22. Influenza .. .. .	24	19	19	17	79	17	—	—	—	—	2	4	—	4	1	—	1	—	3	1	2	1	3	1	—
23. Pneumonia .. .. .	44	52	26	36	158	137	2	1	3	2	3	4	1	3	1	1	—	—	3	1	2	2	3	2	—
24. Bronchitis .. .. .	50	19	22	10	101	153	2	1	1	1	2	—	1	—	3	2	1	—	—	—	4	—	2	—	—
25. Other diseases of respiratory system .. .. .	12	7	4	11	34	34	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—
26. Ulcer of stomach and duodenum .. .. .	13	7	6	7	33	38	—	—	1	1	2	—	—	1	—	—	—	—	1	—	2	—	—	—	—
27. Gastritis, enteritis and diarrhoea .. .. .	5	9	1	7	22	13	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
28. Nephritis and nephrosis .. .. .	14	10	4	8	35	30	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
29. Hyperplasia of prostate .. .. .	31	—	11	—	42	38	—	—	—	—	3	—	—	—	1	—	—	—	2	—	1	—	2	—	—
30. Pregnancy, childbirth, abortion .. .. .	—	2	—	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
31. Congenital malformations .. .. .	7	10	5	4	26	39	—	—	—	—	—	—	—	—	1	—	—	2	—	1	—	—	1	—	—
32. Other defined and ill-defined diseases .. .. .	79	101	49	58	287	298	2	—	1	7	5	4	2	2	3	4	2	3	4	3	5	4	3	6	—
33. Motor vehicle accidents .. .. .	18	8	20	5	51	38	—	—	—	—	1	—	1	—	1	—	—	—	1	1	—	—	—	—	—
34. All other accidents .. .. .	18	21	14	13	66	66	—	—	—	—	2	1	1	—	2	3	1	—	1	—	1	1	1	—	—
35. Suicide .. .. .	12	9	4	5	30	26	—	—	—	1	1	—	—	—	—	—	1	—	—	1	1	1	—	—	—
36. Homicide and operations of war .. .. .	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>All Causes</i> .. .. .	1,217	1,271	662	690	3,840	3,833	27	30	44	72	71	78	28	30	49	48	24	34	39	37	56	72	38	25	225
Deaths of infants under 1 year:—																									
Total .. .. .	30	22	11	16	79	84	2	—	—	—	1	—	—	1	1	2	—	1	1	2	3	1	—	—	—
Legitimate .. .. .	26	21	10	16	73	79	2	—	—	—	1	—	—	1	1	2	—	1	1	2	3	1	—	—	—
Illegitimate .. .. .	4	1	1	—	6	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Live Births:—																									
Total .. .. .	1,374	1,273	992	879	4,518	4,485	43	27	42	35	95	75	20	13	72	74	23	22	36	36	43	41	29	18	323
Legitimate .. .. .	1,302	1,209	943	838	4,292	4,299	39	24	38	33	92	71	20	12	69	72	21	20	33	35	40	38	28	18	302
Illegitimate .. .. .	72	64	49	41	226	186	4	3	4	2	3	4	—	1	3	2	2	2	3	1	3	3	1	—	21
Still Births:—																									
Total .. .. .	27	29	16	13	85	80	2	1	3	—	2	1	—	2	1	1	—	—	1	1	1	—	1	—	—
Legitimate .. .. .	26	24	12	13	75	75	2	1	3	—	2	—	—	2	—	—	—	—	1	1	1	—	1	—	—
Illegitimate .. .. .	1	5	4	—	10	5	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—
Estimated 'Home' population, 1959 (which includes non-civilians) .. .. .	189,600		117,900		307,500	—	3,250		6,610		11,660		3,180		12,600		3,410		7,220		7,180		2,840		37,800
Estimated 'Home' population, 1958 (which includes non-civilians) .. .. .	187,500		116,500		—	304,000	3,250		6,630		11,930		3,130		11,400		3,420		7,280		7,220		2,790		37,700



	Poole M.B.		Beaminster R.D.		Blandford R.D.		Bridport R.D.		Dorchester R.D.		Shaftesbury R.D.		Sherborne R.D.		Sturminster R.D.		Wareham and Purbeck R.D.		Wimborne and Cranborne R.D.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	6	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	—	—	—
	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1	3	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—
1	9	8	3	1	2	—	3	2	1	3	—	—	2	1	1	—	3	1	1	—
	33	7	3	—	—	1	3	1	10	1	—	—	—	—	1	—	7	1	6	—
	—	22	—	3	—	—	—	—	—	3	—	3	—	1	—	3	—	1	—	—
1	—	10	—	1	—	1	—	1	—	2	—	—	—	2	—	—	—	—	—	—
	63	59	4	6	2	10	3	3	9	9	5	2	5	8	5	2	10	12	14	1
	5	3	—	—	—	—	1	1	1	2	—	—	—	—	—	—	—	1	—	—
	3	4	1	—	—	—	—	2	—	2	1	1	—	1	—	1	1	—	—	—
5	73	103	11	4	8	9	9	11	13	16	7	15	1	3	6	10	10	18	23	3
8	145	89	22	2	9	7	7	8	14	15	12	9	8	1	8	7	15	7	36	1
	7	18	1	—	—	—	—	3	1	3	3	1	—	—	1	—	1	—	—	—
1	54	106	11	9	5	6	9	13	25	41	3	8	2	4	11	18	17	19	22	2
8	32	36	2	3	1	1	2	3	3	3	7	5	1	2	3	10	3	3	10	—
	10	7	2	1	—	—	—	—	7	9	2	1	—	—	2	1	5	3	1	—
2	13	20	2	7	1	—	1	3	4	10	2	4	—	—	1	1	5	5	10	—
1	26	7	5	—	1	—	—	2	3	1	4	—	—	1	2	1	5	1	2	—
	10	2	—	1	1	1	—	—	—	5	—	—	2	—	—	—	—	1	1	—
	3	2	1	—	—	—	1	3	1	1	1	1	—	—	—	—	—	1	2	—
1	3	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	—
	10	6	—	1	1	1	—	—	—	1	—	1	—	—	1	1	—	2	2	—
	16	—	1	—	—	—	1	—	2	—	—	—	—	—	2	—	4	—	1	—
	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	4	1	—	—	—	—	1	—	1	1	—	—	—	—	1	—	—	2	2	—
	30	37	2	3	3	4	1	3	13	13	5	4	2	4	4	6	7	3	12	1
	11	7	—	1	4	—	2	—	—	—	1	1	—	—	2	—	4	2	7	—
	6	10	1	—	—	—	1	1	3	3	—	1	1	—	1	3	4	2	3	—
	5	5	1	—	—	—	—	—	—	1	—	—	—	—	—	1	1	2	1	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
32	580	578	73	44	38	41	47	60	112	147	54	58	25	28	53	67	103	92	157	15
	12	8	—	—	—	1	—	2	3	6	1	—	—	—	—	—	2	2	5	—
	11	8	—	—	—	1	—	2	3	6	1	—	—	—	—	—	2	2	4	—
	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
24	620	582	54	61	86	81	43	51	142	134	80	57	61	46	76	60	209	181	241	20
22	593	554	47	57	83	78	43	48	138	124	75	56	58	45	76	55	200	173	223	20
2	27	28	7	4	3	3	—	3	4	10	5	1	3	1	—	5	9	8	18	—
1	12	18	1	1	1	1	—	1	2	3	—	1	—	1	1	1	3	3	8	—
1	12	15	1	1	1	1	—	1	2	3	—	1	—	1	1	1	2	3	5	—
	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—
	89,400		8,080		12,750		7,580		17,330		9,840		5,760		9,740		21,100		25,720	
	88,390		8,150		12,670		7,560		17,190		9,780		5,710		9,710		20,720		25,010	

TABLE 3—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF DORSET

*Aggregate of Urban Districts*

	0—		1—		5—		15—		25—		45—		65—		75—	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	—	—	—	—	—	—	—	—	—	2	5	—	—	—	2	—
2	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—
3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	1	—	—	—	—	1	—	—	—	—	1	2	—	1	1	—
10	—	—	—	—	—	—	—	—	1	2	10	4	6	5	3	14
11	—	—	—	—	—	—	—	—	1	3	40	5	31	4	5	6
12	—	—	—	—	—	—	—	—	—	2	—	30	—	14	—	16
13	—	—	—	—	—	—	—	—	—	2	—	7	—	6	—	7
14	—	—	—	—	—	1	1	—	4	6	41	39	34	38	56	41
15	—	—	—	1	—	—	—	—	1	1	5	2	1	2	2	2
16	—	—	—	—	—	—	—	—	2	—	1	—	4	3	1	2
17	—	—	—	—	—	1	—	—	2	2	21	17	41	57	81	139
18	—	—	—	—	—	—	—	—	6	1	87	25	88	56	88	87
19	—	—	—	—	—	—	—	—	—	—	2	3	3	9	9	21
20	—	—	—	—	—	—	1	—	4	2	12	19	32	27	91	178
21	—	—	—	—	—	—	1	—	1	1	8	7	15	16	36	55
22	—	—	—	—	—	—	—	—	—	1	6	1	7	4	11	13
23	3	5	—	—	1	—	—	—	—	—	11	4	9	7	20	36
24	2	1	—	1	—	—	—	—	—	—	10	2	22	8	16	7
25	—	—	—	—	—	1	—	—	1	—	4	—	4	1	3	5
26	—	—	—	—	—	—	—	—	—	1	1	—	5	1	7	5
27	—	—	—	—	—	1	1	—	—	2	—	4	—	1	2	3
28	—	—	—	—	—	—	—	—	1	—	4	4	5	4	4	2
29	—	—	—	—	—	—	—	—	—	—	3	—	5	—	23	—
30	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
31	5	5	1	1	1	—	—	—	—	1	—	—	—	2	—	1
32	16	10	1	—	—	—	3	—	4	9	17	14	12	17	26	51
33	—	—	1	—	1	—	9	3	4	—	3	1	—	—	1	3
34	3	1	—	—	—	—	3	1	2	—	4	2	1	3	5	14
35	—	—	—	—	—	—	1	—	—	2	5	5	5	1	1	1
36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	30	22	3	3	3	5	20	5	34	42	301	197	331	288	495	709

TABLE 3 (cont)

## Aggregate of Rural Districts

0—		1—		5—		15—		25—		45—		65—		75—		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
—	—	—	—	—	—	—	—	—	—	1	2	—	2	—	—	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	7
—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	8
—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	9
—	—	—	—	—	—	—	—	—	1	4	3	9	3	3	7	10
—	—	—	—	—	—	—	—	2	1	15	2	7	2	6	—	11
—	—	—	—	—	—	—	—	—	1	—	10	—	7	—	2	12
—	—	—	—	—	—	—	—	—	2	—	2	—	2	—	2	13
—	—	—	—	—	—	—	1	—	1	18	29	18	18	21	17	14
—	—	1	—	—	2	—	—	1	—	—	—	—	1	1	—	15
—	—	—	—	—	—	—	—	—	—	1	1	—	2	2	6	16
—	—	—	—	—	—	1	—	1	2	17	11	18	36	51	69	17
—	—	—	—	—	—	—	—	3	1	39	5	54	34	35	33	18
—	—	—	—	—	—	—	—	1	—	2	—	2	6	2	3	19
—	—	—	—	—	—	1	—	—	1	13	13	26	30	65	94	20
—	—	—	—	—	—	—	—	1	1	3	4	6	9	22	25	21
—	1	—	—	—	—	—	—	1	2	4	4	5	3	9	7	22
3	3	—	—	—	—	—	—	1	1	5	4	4	6	13	22	23
—	1	—	—	—	—	—	—	—	—	5	—	8	3	9	6	24
—	—	—	—	—	—	—	—	1	1	2	3	—	1	1	6	25
—	—	—	—	—	—	—	—	1	—	2	2	1	1	2	4	26
—	1	—	—	—	—	—	—	—	1	1	1	—	2	—	2	27
—	—	—	—	—	—	1	—	—	—	—	3	—	2	2	3	28
—	—	—	—	—	—	—	—	—	—	2	—	4	—	5	—	29
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30
1	1	1	—	1	1	1	—	—	—	1	2	—	—	—	—	31
6	9	2	1	—	—	—	1	1	2	8	8	12	10	20	27	32
—	—	—	2	—	—	6	1	6	—	3	—	2	2	1	—	33
—	—	1	—	—	—	1	—	2	—	5	2	3	2	2	9	34
—	—	—	—	—	—	1	—	2	1	1	2	—	2	—	—	35
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	36
11	16	4	4	3	3	12	3	26	20	153	114	17	186	274	344	



TABLE 4—CAUSES OF DEATH AT ALL AGES.

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
1	72	47	57	39	37	28	24	24	15	14
2	8	10	5	6	4	2	3	5	4	2
3	11	11	9	4	12	9	3	11	7	4
4	—	—	—	—	—	—	—	—	—	—
5	—	3	—	1	1	—	1	1	—	—
6	2	2	—	1	1	1	1	—	—	—
7	18	2	1	2	2	3	1	1	—	1
8	—	2	—	1	—	5	—	—	—	1
9	18	7	9	7	4	—	4	8	8	9
10	90	80	88	90	100	93	101	77	101	75
11	68	71	93	83	82	107	101	101	130	130
12	50	67	64	69	69	50	60	76	75	82
13	34	29	20	28	20	23	24	26	20	30
14	348	306	323	373	341	339	380	358	363	384
15	17	20	21	20	10	17	18	21	26	23
16	27	27	19	25	20	27	33	16	21	25
17	475	530	527	513	559	575	581	546	603	567
18	449	488	505	519	469	582	610	593	611	642
19	93	88	81	68	69	76	73	64	74	63
20	715	820	627	659	606	665	647	607	677	609
21	167	175	150	161	183	177	166	173	168	211
22	20	95	6	56	7	19	23	49	17	79
23	124	160	97	123	124	140	182	146	137	158
24	120	145	85	131	102	115	101	103	153	101
25	41	42	36	41	35	32	48	50	34	34
26	45	33	30	37	44	41	31	33	38	33
27	13	14	10	19	14	14	22	27	13	22
28	44	50	54	39	46	36	31	36	30	36
29	42	53	47	39	36	29	44	43	38	42
30	3	3	4	5	3	1	2	—	3	2
31	32	36	33	21	27	31	29	32	39	26
32	357	329	322	305	279	333	309	290	298	287
33	40	31	23	30	26	31	32	38	38	51
34	66	64	53	55	73	94	69	65	66	66
35	20	36	35	40	41	27	31	33	26	30
36	—	2	1	5	1	7	5	—	—	1

TABLE 5—NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Scarlet Fever .. ..	194	172	125	188	184	72	107	113	147	227
Whooping Cough .. ..	1,386	1,492	866	1,125	878	591	373	870	262	161
Diphtheria (including Membranous Croup) .. ..	1	—	1	—	1	—	—	1	—	1
Measles (excluding Rubella) .. ..	1,545	4,709	950	4,900	102	4,944	1,653	2,663	2,604	3,350
Acute Pneumonia (Primary or Influenzal) .. ..	222	307	191	296	211	166	141	173	124	190
Meningococcal Infection .. ..	5	4	5	5	4	5	7	5	3	4
Acute Poliomyelitis .. ..	111	33	24	150	27	50	11	10	8	3
Acute Encephalitis .. ..	1	1	—	2	2	3	2	3	4	—
Dysentery .. ..	21	192	115	68	68	13	63	2	4	112
Ophthalmia Neonatorum .. ..	12	4	1	1	1	7	2	6	1	4
Puerperal Pyrexia .. ..	25	44	80	76	58	65	60	59	51	50
Smallpox .. ..	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever .. ..	1	3	3	3	1	16	1	—	—	—
Enteric or Typhoid Fever (excluding Paratyphoid) .. ..	—	1	—	2	—	—	—	1	—	1
Food Poisoning (excluding Dysen- tery, Typhoid and Paratyphoid) .. ..	74	34	18	23	35	63	191	29	210	48
Erysipelas .. ..	55	63	43	40	46	50	33	22	37	19
Malaria—Believed to be contracted in this country .. ..	—	—	—	—	—	—	—	—	—	—
Malaria—Believed to be contracted abroad .. ..	7	2	8	5	2	4	5	2	1	—
Malaria—Induced in Institutions .. ..	—	—	—	—	—	—	—	—	—	—

TABLE 6—ANTE-NATAL AND POST-NATAL CLINICS, 1959

Name of Clinic	Average Attendance per session	New Cases		Attendances		Total Attendances	No. of Openings
		Ante-Natal	Post-Natal	Ante-Natal	Post-Natal		
Medical Officer's Sessions: Wimborne .. ..	7·8	28	15	127	37	164	21
Midwives' Sessions:							
Branksome .. ..	10·9	277	—	1,114	—	1,114	102
Broadstone .. ..	7·1	29	—	71	—	71	10
Burlea Towers .. ..	9·9	217	—	1,000	—	1,000	101
Market Street .. ..	5·8	29	—	140	—	140	24
Hamworthy .. ..	8·3	84	—	367	—	367	44
Oakdale .. ..	10·8	67	—	324	—	324	30
Waterloo .. ..	12·7	59	—	282	—	282	22
Wallisdown .. ..	8·9	79	—	456	—	456	51
TOTALS .. ..	—	841	—	3,754	—	3,754	384

TABLE 7—SUMMARY OF ANTE-NATAL AND POST-NATAL CLINICS, 1955—1959

Name of Clinic	1955			1956			1957			1958			1959		
	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session
<i>Medical Officers' Sessions:</i>															
Wimborne ..	68	23	2.9	153	23	6.6	161	24	6.7	195	24	8.1	164	21	7.8
<i>Midwives' Sessions:</i>															
Branksome ..	—	—	—	1,058	71	14.9	1,099	79	13.9	1,314	101	13.0	1,114	102	10.9
Broadstone ..	—	—	—	—	—	—	—	—	—	—	—	—	71	10	7.1
Burlea Towers ..	—	—	—	360	46	7.8	610	50	12.2	666	60	11.1	1,000	101	9.9
Market Street ..	—	—	—	—	—	—	—	—	—	—	—	—	140	24	5.8
Hamworthy ..	—	—	—	529	52	10.2	511	52	9.8	529	53	9.8	367	44	8.3
Oakdale ..	—	—	—	—	—	—	—	—	—	—	—	—	324	30	10.8
Waterloo ..	—	—	—	630	51	12.3	628	52	12.0	832	52	16.0	282	22	12.7
Wallisdown ..	—	—	—	227	17	13.3	450	36	12.0	558	52	10.7	456	51	8.9
TOTALS ..	—	—	—	2,804	237	—	3,298	269	—	3,899	318	—	3,754	384	—



TABLE 8—ATTENDANCES AT WELFARE CENTRES DURING 1959

Centre	Average Attendance per Session	New Cases				Attendances					Number of Openings
		Born in				Under 1 year	Under 1 year	1—2 years	2—5 years	Totals	
		1959	1958	1954-57	Totals						
eaminster .. ..	23.6	34	32	46	112	35	316	106	121	543	23
landford .. ..	22.2	45	39	23	107	50	353	98	82	533	24
landford Camp ..	50.1	47	75	92	214	67	1,295	408	654	2,357	47
ovington Camp ..	40.8	64	50	56	170	74	764	231	167	1,162	24
radford Abbas ..	23.7	17	11	23	51	21	252	103	214	569	24
ridport .. ..	21.9	44	60	71	175	53	678	190	227	1,095	50
harmouth .. ..	14.1	3	15	10	28	5	80	55	35	170	12
orfe Mullen .. ..	36.0	35	13	6	54	45	262	73	98	433	12
orchester .. ..	40.0	169	166	112	447	207	2,403	307	214	2,924	73
erndown .. ..	31.3	58	11	13	82	61	487	169	96	752	24
illingham .. ..	30.5	44	19	36	99	60	774	326	490	1,590	52
andley .. ..	21.4	16	11	23	50	22	112	48	97	257	12
ulworth Camp ..	14.0	19	13	12	44	22	104	34	30	168	12
yme Regis .. ..	15.7	19	24	32	75	23	197	101	80	378	24
andford .. ..	35.5	23	28	25	76	24	252	74	101	427	12
haftesbury .. ..	21.0	37	70	55	162	45	593	210	267	1,070	51
erborne .. ..	50.9	90	111	147	348	122	1,655	554	438	2,647	52
urminster Newton ..	13.0	29	15	13	57	41	460	75	114	649	50
vanage .. ..	40.8	78	58	119	255	96	1,248	352	441	2,041	50
horncombe .. ..	16.8	8	2	14	24	9	52	67	83	202	12
pton .. ..	40.2	36	61	36	133	50	517	157	171	845	21
erwood .. ..	24.4	36	17	21	74	35	368	154	65	587	24
areham .. ..	43.1	74	83	94	251	84	1,424	374	357	2,155	50
est Moors .. ..	27.8	34	8	15	57	34	127	30	38	195	7
est Parley .. ..	19.1	20	3	1	24	21	288	87	85	460	24
imborne .. ..	41.7	69	63	62	194	81	1,173	551	487	2,211	52
ool .. ..	22.0	34	31	51	116	44	301	118	110	529	24
Poole Area											
ranksome .. ..	29.7	172	130	104	406	210	3,142	855	631	4,628	122
roadstone .. ..	44.0	95	83	105	283	104	974	600	714	2,288	52
anford Magna ..	24.0	15	14	11	40	26	149	69	70	288	12
reekmoor .. ..	28.4	41	19	26	86	46	359	162	134	655	23
amworthy .. ..	28.1	52	92	182	326	70	1,122	569	620	2,311	82
ongfleet .. ..	39.4	42	59	69	170	50	543	256	148	947	24
ower Parkstone ..	25.7	69	42	34	145	66	616	156	128	900	35
ewtown .. ..	34.1	115	112	65	292	103	1,122	247	235	1,604	47
akdale .. ..	43.9	90	61	135	286	110	1,068	415	405	1,888	43
ld Town .. ..	38.1	74	48	95	217	80	1,307	383	295	1,985	52
ossmore .. ..	35.7	67	89	66	222	94	1,140	263	276	1,679	47
t. Alhelm's .. ..	32.7	52	37	39	128	57	458	166	161	785	24
allisdown .. ..	40.6	115	120	259	494	117	1,219	490	445	2,154	53
aterloo .. ..	36.6	66	56	32	154	88	802	306	358	1,466	40
South Dorset Area											
roadwey .. ..	22.9	49	38	77	164	46	663	254	182	1,099	48
hickerell .. ..	13.8	12	21	31	64	18	205	77	50	332	24
anehouse .. ..	25.6	27	35	29	91	31	386	116	63	565	22
ortland Tophill ..	52.8	72	114	115	301	88	1,672	455	301	2,428	46
ortland Underhill ..	41.7	72	86	82	240	73	1,450	381	297	2,128	51
reston .. ..	17.1	37	17	31	85	29	254	86	72	412	24
eymouth .. ..	40.6	286	126	46	458	305	3,581	458	188	4,227	104
vyke Regis .. ..	42.3	118	77	88	283	136	2,210	316	184	2,710	64
TOTALS .. ..	—	2,920	2,565	2,929	8,414	3,378	40,977	12,132	11,319	64,428	1,881

## WELFARE CENTRES

TABLE 9—SUMMARY OF ATTENDANCES AT WELFARE CENTRES, 1955—1959

Name of Centre	1955			1956			1957			1958			1959		
	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session
Beaminster ..	667	24	27.8	439	24	18.0	539	23	23.4	597	23	26.0	543	23	23.6
Bere Regis ..	150	11	13.6	95	12	7.9	—	—	—	—	—	—	—	—	—
Blackdown ..	180	11	16.4	153	10	15.3	126	10	12.6	—	—	—	—	—	—
Blandford ..	606	24	25.2	469	24	19.5	675	23	29.3	604	23	26.2	533	24	22.2
Blandford Garrison ..	1,091	51	21.3	1,351	50	27.0	1,812	49	37.0	2,241	48	46.7	2,357	47	50.1
Bovington Camp ..	528	19	27.8	927	21	44.1	1,198	22	54.5	1,102	22	50.0	1,162	24	40.8
Bradford Abbas ..	—	—	—	401	21	19.0	459	24	19.1	413	24	17.1	569	24	23.7
Bridport ..	1,272	51	29.4	1,139	51	22.3	1,021	50	20.4	1,326	53	25.0	1,095	50	21.9
Charmouth ..	200	12	16.7	170	12	14.2	147	12	12.2	153	12	12.7	170	12	14.1
Corfe Mullen ..	—	—	—	—	—	—	127	8	15.8	303	16	18.9	433	12	36.0
Dorchester ..	2,665	72	37.0	2,777	74	37.5	2,315	74	31.3	2,872	74	38.8	2,924	73	40.0
Ferndown ..	987	24	41.1	948	24	39.9	805	24	33.5	752	25	30.0	752	24	31.3
Gillingham ..	462	24	19.2	276	23	12.0	303	21	14.4	910	42	20.6	1,590	52	30.5
Handley ..	178	12	14.8	187	12	15.6	168	12	14.0	222	12	18.5	257	12	21.4
Lulworth Camp ..	138	9	15.3	163	11	14.8	150	10	15.0	230	12	19.3	168	12	14.0
Lyme Regis ..	264	24	11.0	245	22	11.1	303	24	12.6	499	24	20.8	378	24	15.7
Milton Abbas ..	103	12	8.6	90	12	5.8	80	12	6.7	—	—	—	—	—	—
Sandford ..	—	—	—	—	—	—	—	—	—	210	12	25.6	427	12	35.5
Shaftesbury ..	527	24	21.9	461	24	19.2	506	24	21.0	1,132	40	28.2	1,070	51	21.0
Sherborne ..	2,436	52	46.8	2,476	51	48.5	2,438	51	47.8	2,713	52	52.1	2,647	52	50.9
Sturminster Newton ..	359	24	14.9	426	23	18.5	249	23	10.8	478	35	13.7	649	50	13.0
Swanage ..	1,455	51	28.3	1,290	51	25.3	1,398	50	27.9	1,558	50	31.6	2,041	50	40.8
Tarrant Rushton ..	227	12	19.0	158	11	14.4	91	9	10.0	—	—	—	—	—	—
Thorncombe ..	—	—	—	—	—	—	—	—	—	200	12	16.7	202	12	16.8
Upton ..	1,057	24	44.0	938	30	31.3	992	46	21.4	793	22	36.0	845	21	40.2
Verwood ..	562	24	23.2	518	24	21.6	416	23	18.0	555	24	23.1	587	24	24.4
Wareham ..	2,300	53	44.5	2,110	51	41.4	1,977	51	38.8	2,198	51	43.0	2,155	50	43.1
West Moors ..	—	—	—	—	—	—	—	—	—	—	—	—	195	7	27.8
West Parley ..	—	—	—	64	6	10.7	436	24	18.0	507	24	21.1	460	24	19.1
Wimborne ..	3,267	52	45.5	2,048	51	40.2	2,273	52	43.7	2,590	52	49.8	2,211	52	41.7
Wool ..	718	24	29.9	737	24	30.7	626	24	26.0	679	24	28.2	529	24	22.0
<i>Poole Area</i>															
Branksome ..	3,733	102	36.6	3,834	102	37.6	4,169	109	38.2	4,621	123	37.5	4,628	122	29.7
Broadstone ..	716	24	29.9	1,003	24	41.8	1,257	29	43.3	3,240	51	64.8	2,288	52	44.0
Canford Magna ..	199	12	16.6	251	12	20.9	209	12	17.4	293	12	24.4	288	12	24.0
Creekmoor ..	801	23	34.8	607	23	26.4	594	23	25.8	631	24	26.2	655	23	28.4
Hamworthy ..	1,497	52	28.8	1,530	51	30.0	2,178	63	34.6	2,699	82	32.9	2,311	82	28.1
Longfleet ..	827	24	34.4	881	24	36.7	935	24	39.0	1,224	24	51.0	947	24	39.4
Lower Parkstone ..	699	24	29.0	787	24	32.8	966	26	37.2	795	35	22.7	900	35	25.7
Newtown ..	901	34	26.5	1,217	47	25.9	1,849	47	39.1	1,341	47	28.5	1,604	47	34.1
Oakdale ..	1,141	24	47.5	1,236	24	51.5	978	23	42.5	1,293	28	46.1	1,888	43	43.9
Old Town ..	1,296	53	24.4	1,276	51	25.0	1,342	51	26.3	1,977	55	35.9	1,985	52	38.1
Rossmore ..	1,559	48	32.5	1,677	48	34.9	1,712	47	36.4	1,815	47	38.6	1,679	47	35.7
St. Aldhelms ..	603	24	25.2	546	24	22.8	692	24	28.8	707	24	29.4	785	24	32.7
Wallisdown ..	888	24	37.0	988	24	41.2	1,634	36	45.4	2,655	51	52.0	2,154	53	40.6
Waterloo ..	2,005	50	40.1	1,771	50	35.4	1,639	39	42.0	1,833	41	44.7	1,466	40	36.6
<i>South Dorset Area</i>															
Broadway ..	1,172	48	24.4	1,557	48	32.4	1,143	49	23.3	1,358	50	27.1	1,099	48	22.9
Chickerell ..	599	51	11.7	537	24	22.4	520	24	21.7	419	23	18.2	332	24	13.8
Lanehouse ..	—	—	—	601	24	25.0	547	24	22.8	587	23	25.5	565	22	25.6
Portland Tophill ..	2,370	51	46.5	2,187	55	39.8	2,063	50	41.3	2,089	48	43.5	2,428	46	52.8
Portland Underhill ..	2,673	51	52.4	2,936	52	56.5	2,570	53	48.5	1,755	49	35.8	2,128	51	41.7
Preston ..	324	51	6.4	486	51	9.5	385	51	7.6	358	49	7.3	412	24	17.1
Weymouth ..	4,179	100	41.8	3,946	104	37.9	4,143	104	39.8	3,898	103	37.8	4,227	104	40.6
Wyke Regis ..	2,933	51	57.5	3,866	102	37.9	3,669	102	36.0	3,127	103	30.3	2,710	64	42.3
TOTALS ..	52,674	1,641	—	54,756	1,737	—	56,824	1,785	—	64,652	1,900	—	64,428	1,881	—

TABLE 10—MIDWIFERY NURSING STAFF, 1955—1959

	1955		1956		1957		1958		1959	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Administrative .. .. .	—	4	—	4	—	4	—	4	—	4
Queen's Nurse, State Certified Midwife .. ..	—	41	—	41	1	36	—	34	—	34
State Registered Nurse, State Certified Midwife ..	11	4	12	4	10	6	13	7	14	9
State Certified Midwife .. .. .	1	7	—	6	1	7	2	7	2	7
Equivalent whole-time midwifery nursing staff (omitting administrative staff) .. ..	37.5		38.0		38.0		38.5		41	
Midwifery training completed in conjunction with the West Dorset Group Hospital Management Committee, arranged through Dorset County Council .. .. .	15		20		19		23		20	

TABLE 11—DETAILS OF MIDWIVES PRACTISING IN THE AREA OF THE LOCAL SUPERVISING AUTHORITY  
AT THE END OF EACH YEAR FROM 1955—1959

	Domiciliary Midwives					Midwives in Institutions					Totals				
	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959
Midwives employed by the Authority ..	12	14	13	14	67	—	—	—	—	—	12	14	13	14	67
Midwives employed by Voluntary Organisations:—															
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	52	51	49	48	—	—	—	—	—	—	52	51	49	48	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ..	—	—	—	—	—	54	48	49	51	55	54	48	49	51	55
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	6	3	7	6	1	4	4	5	6	3	10	7	12	12	4
TOTALS ..	70	68	69	68	68	58	52	54	57	58	128	120	123	125	126



TABLE 12—SUMMARY OF MIDWIFERY CASES ATTENDED, 1955—1959

<i>Cases attended by midwives in the employment of:—</i>			1955	1956	1957	1958	1959
The County Council:	Domiciliary	Midwifery	639	696	675	858	1,377
		Maternity	187	130	132	142	407
The County Nursing Association:	Domiciliary	Midwifery	523	488	536	636	—
		Maternity	250	276	253	255	—
	Institutional	Midwifery	—	—	—	—	—
		Maternity	—	—	—	—	—
Hospitals:	Domiciliary	Midwifery	—	—	—	—	—
		Maternity	—	—	—	—	—
	Institutional	Midwifery	1,765	1,752	1,932	1,708	1,802
		Maternity	586	649	520	539	571
Midwives in Private Practice (including midwives employed in Nursing Homes):	Domiciliary	Midwifery	5	—	3	—	1
		Maternity	22	12	11	7	5
	Institutional	Midwifery	37	38	34	28	29
		Maternity	22	10	10	5	2
TOTALS .. .. .			4,036	4,051	4,106	4,178	4,194

TABLE 13—HEALTH VISITING STAFF, 1955—1959

Employed by  (1)	Number of Health Visitors employed at end of year										Equivalent Whole-time Health Visitor services provided under Col. (3) (all classes including attendance at Child Welfare Centres) (4)				
	Whole-time on Health Visiting (2)					Part-time on Health Visiting (3)									
	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959
Local Health Authority ..	2	2	2	3	4	33	37	39	41	40	26 $\frac{4}{11}$	28 $\frac{2}{11}$	29 $\frac{7}{11}$	29 $\frac{1}{11}$	29 $\frac{1}{11}$

TABLE 14—NUMBER OF CHILDREN AT 31.12.59 WHO HAD COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION  
AT ANY TIME BEFORE THAT DATE

	Children under 5 years of age at 31.12.59						Estimated mid-year population, 1959 Children 0—4 years	Children 5—15 years of age at 31.12.59			Estimated mid-year population, 1959 Children 5—15 years	Total Number of Children under 15 years immunised
	Under 1	1	2	3	4	Totals		5—9	10—14	Totals		
Minster R.D. ..	33	73	20	3	106	235	21,500	665	552	1,217	47,200	1,452
ndford B. ..	18	37	41	59	41	196		250	323	573		769
ndford R.D. ..	40	112	107	121	114	494		730	710	1,440		1,934
ndport B. ..	16	59	58	—	61	194		483	512	995		1,189
ndport R.D. ..	9	55	67	72	58	261		357	479	836		1,097
rchester B. ..	52	82	100	103	100	437		554	720	1,274		1,711
rchester R.D. ..	50	126	113	153	158	600		937	1,055	1,992		2,592
ne Regis B. ..	9	32	31	31	25	128		126	207	333		461
ftesbury B. ..	14	35	26	17	20	112		103	226	329		441
ftesbury R.D. ..	42	96	88	96	93	415		524	802	1,326		1,741
borne U.D. ..	18	58	65	49	67	257		344	560	904		1,161
borne R.D. ..	39	68	60	76	61	304		332	595	927		1,231
minster R.D. ..	36	96	76	77	106	391		516	742	1,258		1,649
anage U.D. ..	20	40	43	47	61	211		294	466	760		971
raham B. ..	19	25	25	31	35	135		232	234	466		601
raham R.D. ..	75	172	173	205	228	853		1,093	1,494	2,587		3,440
borne U.D. ..	13	47	41	47	43	191		243	259	502		693
borne R.D. ..	141	243	268	232	243	1,127		1,197	1,523	2,720		3,847
le B. ..	306	786	754	822	789	3,457		4,828	6,518	11,346		14,803
ymouth B. ..	192	408	390	433	430	1,853		2,134	3,703	5,837		7,690
otland U.D. ..	40	123	126	134	142	565		659	978	1,637		2,202
TOTALS ..	1,182	2,773	2,672	2,808	2,981	12,416		16,601	22,658	39,259		51,675

Percentage of children under 5 years immunised .. .. . 57·7  
Percentage of children aged 5—15 years immunised .. .. . 83·1  
Percentage of total number of children under 15 years of age immunised .. 75·2

TABLE 15—DIPHTHERIA IMMUNISATION, 1955—1959  
(at 31st December of the particular year)

Children under 5 years						Estimated mid-year population Children 0—4 years	Children 5—15 years			Estimated population mid-year Children 5—15 years	Total number of children under 15 years immunised	Percent- age Immunised
Under 1	1	2	3	4	Totals		5—9	10—14	Totals			
318	2,230	2,923	2,815	3,104	11,390	21,300	22,131	17,072	39,203	45,200	50,593	76·07
512	2,422	2,808	3,046	2,883	11,671	21,300	21,885	17,900	39,785	46,600	51,456	75·78
390	2,576	2,819	2,935	3,115	11,835	21,300	18,862	20,687	39,549	47,000	51,384	75·23
298	2,021	2,864	2,897	2,980	11,060	21,300	16,698	22,503	39,201	47,100	50,261	73·4
1,182	2,773	2,672	2,808	2,981	12,416	21,500	16,601	22,658	39,259	47,200	51,675	75·2

TABLE 16—THE NUMBER OF CHILDREN WHO RECEIVED RE-INFORCING DOSES FOR DIPHTHERIA  
IMMUNISATION, 1955—1959

Year	Age		Totals
	1—4 years	5—14 years	under 15 years
1955	125	4,768	4,893
1956	141	5,417	5,558
1957	179	3,876	4,055
1958	99	3,524	3,623
1959	208	4,812	5,020

TABLE 17—CHILDREN IMMUNISED AGAINST WHOOPING COUGH DURING 1959

District			Age						Totals		
			Under 1 year	1—4 years		5—14 years		15 years or over			
				P	R	P	R	P	R	P	R
Beaminster Rural District	..	..	33	91	1	18	11	2	—	144	12
Blandford Borough	..	..	18	49	1	12	20	—	2	79	23
Blandford Rural District	..	..	40	133	20	12	63	—	1	185	84
Bridport Borough	..	..	16	43	7	—	29	—	—	59	36
Bridport Rural District	..	..	9	52	9	2	20	—	—	63	29
Dorchester Borough	..	..	51	83	17	10	18	—	—	144	35
Dorchester Rural District	..	..	47	129	15	19	31	—	1	195	47
Lyme Regis Borough	..	..	9	27	4	—	6	—	—	36	10
Shaftesbury Borough	..	..	14	33	—	1	19	—	—	48	19
Shaftesbury Rural District	..	..	40	90	4	2	38	—	1	132	43
Sherborne Urban District	..	..	18	56	5	4	9	—	—	78	14
Sherborne Rural District	..	..	39	57	7	—	7	—	1	96	15
Sturminster Rural District	..	..	36	142	1	11	43	3	—	192	44
Swanage Urban District	..	..	20	34	1	—	4	—	—	54	5
Wareham Borough	..	..	19	21	1	3	1	—	—	43	2
Wareham Rural District	..	..	72	161	1	17	14	—	—	250	15
Wimborne Urban District	..	..	13	37	5	5	34	—	—	55	39
Wimborne Rural District	..	..	140	234	8	19	65	—	1	393	74
Poole Borough	..	..	304	1,100	63	90	729	—	2	1,494	794
Weymouth Borough	..	..	192	379	5	52	182	—	1	623	188
Portland Urban District	..	..	40	126	2	18	55	—	1	184	58
TOTALS	..	..	1,170	3,077	177	295	1,398	5	11	4,547	1,586

P—Primary Immunisation.

R—Re-inforcing.



TABLE 18—CHILDREN VACCINATED AGAINST SMALLPOX DURING 1959

District			Age						Totals		
			Under 1 year	1—4 years		5—14 years		15 years or over			
				P	R	P	R	P	R	P	R
Beaminster Rural District	..	..	74	49	1	7	2	3	18	133	21
Blandford Borough	..	..	19	11	—	3	—	2	6	35	6
Blandford Rural District	..	..	57	75	28	6	53	11	80	149	161
Bridport Borough	..	..	38	22	—	1	—	4	4	65	4
Bridport Rural District	..	..	32	22	1	2	2	2	11	58	14
Dorchester Borough	..	..	61	31	3	—	4	—	3	92	10
Dorchester Rural District	..	..	57	51	1	4	3	1	2	113	6
Lyme Regis Borough	..	..	11	22	—	1	—	2	8	36	8
Shaftesbury Borough	..	..	9	18	3	2	1	4	11	33	15
Shaftesbury Rural District	..	..	51	56	—	3	3	7	18	117	21
Sherborne Urban District	..	..	33	24	—	1	5	1	34	59	39
Sherborne Rural District	..	..	39	30	—	3	2	1	3	73	5
Sturminster Rural District	..	..	34	81	2	3	3	6	11	124	16
Swanage Urban District	..	..	15	19	2	—	6	1	6	36	14
Wareham Borough	..	..	4	15	—	—	—	—	—	19	—
Wareham Rural District	..	..	83	154	25	14	44	7	52	257	121
Wimborne Urban District	..	..	19	25	2	4	1	1	5	49	8
Wimborne Rural District	..	..	149	178	3	13	21	15	44	355	68
Poole Borough	..	..	175	365	7	50	17	40	88	630	112
Weymouth Borough	..	..	214	141	2	18	5	4	1	377	8
Portland Urban District	..	..	41	55	3	10	1	8	2	114	6
TOTALS	..	..	1,215	1,444	83	145	173	120	407	2,924	663

P—Primary Vaccination.

R—Re-Vaccination

TABLE 19—SMALLPOX VACCINATION, 1955—1959

Year	Age								Totals	
	Under 1 year		1—4 years		5—14 years		15 or over			
	P	R	P	R	P	R	P	R	P	R
1955	913	—	1,157	49	116	145	16	34	2,202	228
1956	1,134	—	1,226	27	128	147	1,113	223	2,601	397
1957	1,129	—	1,351	44	268	160	162	319	2,910	523
1958	1,066	—	1,297	35	130	109	113	223	2,606	367
1959	1,215	—	1,444	83	145	173	120	407	2,924	663

P—Primary Vaccination.

R—Re-Vaccination.

TABLE 20—AMBULANCE SERVICE STATISTICS—1959

DEPOTS.																
ITEM	Blandford	Bridport	Charmouth	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swanage	Wareham	Weymouth	Wimborne	
PATIENTS CARRIED	Emergency															
	Maternity ..	62	87	18	127	20	9	24	794	9	36	20	16	76	239	61
	Road Accident ..	43	59	11	143	36	17	14	321	58	53	19	24	95	179	98
	Other Emergency ..	98	211	1	229	133	15	52	1,150	20	57	20	57	129	839	156
	TOTAL EMERGENCY ..	203	357	30	499	189	41	90	2,265	87	146	59	97	300	1,257	315
	Routine															
	Hospital Admissions ..	155	296	111	559	184	122	121	944	203	284	143	237	286	987	399
	Hospital Discharges ..	58	143	6	328	125	3	28	1,140	27	109	35	217	205	641	253
	Inter-Hospital Transfers ..	56	93	2	313	87	5	28	1,232	86	39	13	94	121	849	162
	Out-Patient Attendances :— Physiotherapy .. Other ..	15 150	569 1,236	16 55	1,908 2,210	110 440	— 19	24 160	666 10,863	— 33	1,024 860	43 109	— 491	75 955	5,321 3,414	130 742
Corpses ..	—	—	—	7	2	1	2	32	2	—	—	1	2	9	5	63
Occupation Centre Attendances	—	—	—	—	—	—	—	12,758	—	—	—	—	—	—	5,035	17,793
Other Patients ..	79	37	—	195	21	8	9	2,952	12	140	62	22	69	234	64	3,904
TOTAL ROUTINE ..	513	2,374	190	5,520	969	158	372	30,587	363	2,456	405	1,062	1,713	11,455	6,790	64,927
TOTAL PATIENTS ..	716	2,731	220	6,019	1,158	199	462	32,852	450	2,602	464	1,159	2,013	12,712	7,105	70,862
JOURNEYS	Patient Carrying ..	435	1,331	147	3,463	479	185	5,498	352	895	241	639	614	4,558	828	19,983
	Occupation Centres ..	—	—	—	—	—	—	974	—	—	—	—	—	—	384	1,358
	Other Journeys ..	14	223	4	72	29	9	4	178	13	52	12	9	18	123	52
	TOTAL JOURNEYS ..	449	1,554	151	3,535	508	194	322	6,650	365	947	253	648	632	4,681	1,264
MILEAGE	Patient Carrying ..	17,131	29,836	5,458	59,595	18,793	8,533	7,508	103,015	8,259	23,037	11,752	16,482	27,833	75,301	30,711
	Occupation Centres ..	—	—	—	—	—	—	—	17,255	—	—	—	—	—	—	20,121
	Other Mileage ..	178	1,408	14	738	307	63	10	1,539	106	553	81	66	248	810	1,005
	TOTAL MILEAGE ..	17,309	31,244	5,472	60,333	19,100	8,596	7,518	121,809	8,365	23,590	11,833	16,548	28,081	76,111	51,837
Night Journeys (between 1800—0900 hours) ..																
Stretcher Cases ..																
Sitting Cases ..																
*Patients per Journey ..																
*Miles per Patient ..																

TABLE 21—HOSPITAL CAR SERVICE STATISTICS, 1959

ITEM	AREA										TOTAL
	Blandford	Bridport	Dorchester	Gillingham	Poole	Shaftesbury	Sherborne	Warcham	Weymouth	Wimborne	
Hospital Admissions ..	110	92	67	24	125	64	17	65	36	86	686
Hospital Discharges ..	71	79	80	3	134	36	11	67	83	89	653
Inter-Hospital Transfers ..	6	10	28	2	17	9	8	—	1	1	82
Out-Patient Attendances:—											
Physiotherapy ..	1,900	2,019	2,451	434	6,521	372	277	2,478	3,009	5,417	24,878
Other .. .. .	3,783	3,003	2,428	1,033	6,537	892	1,118	3,463	1,290	5,003	28,550
Occupation Centre Attendances	316	—	—	—	2,416	—	—	1,390	—	513	4,635
Education, Immunisation, Social Services ..	1,246	438	361	487	775	191	519	355	27	401	4,800
Other Patients .. ..	22	7	9	6	9	6	3	6	13	5	86
TOTAL PATIENTS .. ..	7,454	5,648	5,424	1,989	16,534	1,570	1,953	7,824	4,459	11,515	64,370
Patient Carrying (excluding occupation centre journeys)	2,709	2,122	2,279	554	2,689	719	817	2,355	1,596	3,938	19,778
Occupation Centre Journeys ..	164	—	—	—	765	—	—	266	—	139	1,334
Other Journeys .. ..	118	46	59	9	23	12	40	84	26	49	466
TOTAL JOURNEYS .. ..	2,991	2,168	2,338	563	3,477	731	857	2,705	1,622	4,126	21,578
Patient Carrying (excluding occupation centre mileage) ..	91,718	68,629	66,021	24,845	83,420	19,653	20,955	84,843	31,027	92,511	583,622
Occupation Centre Mileage ..	1,990	—	—	—	5,359	—	—	11,383	—	5,550	24,282
Other Mileage .. .. .	1,315	720	519	129	234	80	398	961	240	380	4,976
TOTAL MILEAGE .. ..	95,023	69,349	66,540	24,974	89,013	19,733	21,353	97,187	31,267	98,441	612,880
Patients per Journey ..	2.63	2.66	2.38	3.59	5.25	2.18	2.39	2.73	2.79	2.79	3.02
Miles per patient .. ..	12.85	12.15	12.17	12.49	5.91	12.52	10.73	13.19	6.96	8.41	9.77

\*Excluding mental defectives



TABLE 22—DOMESTIC HELP SERVICE, 1959

	<i>Beaminster</i>	<i>Blandford</i>	<i>Bridport</i>	<i>Dorchester</i>	<i>Lyme Regis</i>	<i>Poole</i>	<i>Shaftesbury</i>	<i>Sherborne</i>	<i>South Dorset</i>	<i>Sturminster</i>	<i>Swanage</i>	<i>Wareham</i>	<i>Wimborne</i>	TOTAL
<i>Cases</i>														
Old ..	3	26	34	31	—	165	30	14	149	31	10	22	56	5
New ..	2	21	32	47	—	266	15	14	160	37	19	28	60	7
Totals ..	5	47	66	78	—	431	45	28	309	68	29	50	116	12
<i>Types of Cases</i>														
Maternity—														
Old ..	—	—	1	1	—	4	—	—	4	—	—	—	1	1
New ..	—	4	2	8	—	75	—	1	14	5	1	1	21	1
Old Age—														
Old ..	1	19	26	25	—	111	22	12	129	30	9	19	50	4
New ..	2	11	18	27	—	114	10	8	110	23	15	17	24	3
Long-term														
Illness—														
Old ..	1	6	7	5	—	36	6	2	14	—	1	3	4	—
New ..	—	2	9	6	—	30	2	2	17	3	2	5	4	—
Short-term														
Illness—														
Old ..	—	1	—	—	—	7	1	—	—	—	—	—	—	—
New ..	—	4	3	6	—	45	3	3	18	6	1	5	9	1
Tuberculosis														
and others—														
Old ..	1	—	—	—	—	7	1	—	2	1	—	—	1	—
New ..	—	—	—	—	—	2	—	—	1	—	—	—	2	—
<i>Helps</i>														
(at 31.12.59)														
Full-time ..	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Part-time ..	—	3	6	2	—	28	2	1	35	2	3	4	7	—
Spare-time ..	2	6	6	17	—	38	14	10	1	14	2	8	27	—
Totals ..	2	9	12	19	—	66	16	11	37	17	5	12	34	—
<i>Hours</i>														
Worked ..	29	9,418	8,354	10,014	—	53,273	11,592	6,434	32,272	15,836	3,191	9,396	27,718	187,500
Travelled ..	9	1,703	478	906	—	3,301	1,093	194	3,347	1,443	505	1,099	3,241	17,300
Waiting ..	—	140	87	11	—	154	9	5	27	14	27	8	51	—
Sick ..	—	288	338	66	—	792	35	—	953	53	66	187	41	2,000
Holidays ..	—	280	237	148	—	1,521	93	41	1,851	140	92	227	380	5,000
TOTALS	38	11,829	9,494	11,145	—	59,041	12,822	6,674	38,450	17,486	3,881	10,917	31,431	213,000

TABLE 23—PERSONS RESIDENT ON 31ST DECEMBER, 1959  
IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948

Persons			Persons (exclusive of staff) residing in					
			homes in the possession of the Council whose normal bed complement for residential accommodation is			premises vested in the Minister as hospitals	accommodation provided on behalf of the Council by voluntary organisations	Total
			less than 35	35—70	Over 70			
Not materially handicapped	aged	M	1	30	15	12	8	66
		F	—	40	10	11	35	96
	not aged	M	—	1	3	1	—	5
		F	—	—	—	—	—	—
Blind	aged	M	4	5	3	—	1	13
		F	9	5	4	—	2	20
	not aged	M	—	—	3	—	—	3
		F	3	—	—	—	1	4
Deaf	aged	M	—	3	1	—	—	4
		F	—	8	7	3	—	18
	not aged	M	—	—	—	—	—	—
		F	—	—	—	—	1	1
Epileptic	aged	M	—	1	5	2	—	8
		F	—	1	4	3	—	8
	not aged	M	—	1	2	—	4	7
		F	—	1	5	—	2	8
Others physically handicapped	aged	M	—	49	41	2	3	95
		F	—	87	35	1	—	123
	not aged	M	—	4	5	1	2	12
		F	—	3	3	3	2	11
Mentally handicapped	aged	M	—	6	23	—	—	29
		F	—	5	42	—	—	47
	not aged	M	—	9	3	2	—	14
		F	—	1	8	1	—	10
GRAND TOTAL			17	260	222	42	61	602

TABLE 24—AGE GROUPS OF RESIDENTS IN COUNTY ESTABLISHMENTS AND VOLUNTARY HOMES  
AS AT 31ST DECEMBER, 1959

<i>Establishment</i>	<i>Men Women</i>		<i>Men Women</i>		<i>Men Women</i>		<i>Men Women</i>		<i>Men Women</i>		<i>Men Women</i>		<i>Men Women</i>		<i>Men Women</i>		<i>Men Women</i>		<i>GRAND TOTAL</i>
	<i>11—20</i>		<i>21—40</i>		<i>41—50</i>		<i>51—60</i>		<i>61—70</i>		<i>71—80</i>		<i>Over 80</i>		<i>Totals</i>				
Stoke Water House, Beaminster .. ..	—	—	—	—	2	2	6	1	14	6	28	16	16	20	66	45			111
Stour View House, Sturminster Newton ..	—	—	—	—	—	1	3	10	9	10	12	29	12	22	36	72			108
Christmas Close, Wareham .. ..	—	—	—	—	2	—	1	1	5	3	13	9	9	12	30	25			55
St. Mary's Block, Poole .. ..	—	—	1	—	1	—	2	3	3	5	11	10	2	4	20	22			42
Maiden Castle House, Dorchester .. ..	—	—	—	—	—	—	1	1	2	2	2	7	8	16	13	26			39
'The Lawns', Weymouth .. ..	—	—	—	—	—	—	—	—	2	2	6	7	7	14	15	23			38
Castleman House, Blandford .. ..	—	—	—	—	—	1	2	—	5	1	7	6	8	20	22	28			50
Belmont Court, Parkstone .. ..	—	—	—	—	—	—	—	2	1	1	2	3	2	6	5	12			17
James Day Home, Swanage .. ..	—	—	—	—	—	—	1	1	1	1	5	10	5	10	12	22			34
'St. Martin's, Gillingham .. ..	—	—	—	—	—	—	4	1	2	4	4	11	7	14	17	30			47
Bournemouth Old People's Homes .. ..	—	—	—	—	—	—	—	—	—	—	2	10	3	12	5	22			27
Poole Old People's Homes .. ..	—	—	—	—	—	—	—	—	—	—	1	6	2	1	3	7			10
Charter House, Swanage .. ..	—	—	—	—	—	—	—	—	—	1	—	1	1	3	1	5			6
British Council for the Welfare of Spastics ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1			1
National Spastics Society .. ..	1	1	—	1	—	—	—	—	—	—	—	—	—	—	1	2			3
The Meath Home, Godalming .. ..	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1			1
Chalfont Epileptic Colony .. ..	1	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—			2
Maghull Epileptic Home, Liverpool .. ..	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—			1
Westcliffe House, Westgate-on-Sea .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1			1
Torr Home for the Blind, Plymouth .. ..	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1			2
Church Army Home, Bovey Tracey .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1			1
Church Army Home, Newport, Isle of Wight ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—			1
Hampshire Old People's Housing and Welfare Society .. ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—			1
Royal Naval Benevolent Trust, Chatham ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—			1
School of Stitchery and Lace, Surrey .. ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1			1
Enham-Alamein Training Centre .. ..	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—			1
Poole Mead Home for Deaf Women, Bath ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1			1
TOTALS .. ..	2	2	1	1	7	6	21	21	46	36	94	126	83	156	254	348			602
	4		2		13		42		82		220		239		602				



TABLE 25—PERSONS ACCOMMODATED ON 31ST DECEMBER, 1959, IN HOMES UNDER THE CONTROL OF  
VOLUNTARY ORGANISATIONS

Name of Organisation or Home	Places Provided		
	Men	Women	Total
<i>In-County:</i>			
Bournemouth Old People's Welfare and Housing Society Ltd. .. .. .	5	22	27
Poole Old People's Welfare and Housing Society Ltd. .. .. .	3	7	10
British Red Cross, Charter House, Swanage .. .. .	1	5	6
<i>Out-County:</i>			
<i>Blind Persons:</i>			
Westcliffe House, Westgate-on-Sea, Kent .. .. .	—	1	1
Torr Home for the Blind, Plymouth .. .. .	1	1	2
<i>Epileptics:</i>			
The Meath Home for Epileptics, Godalming .. .. .	—	1	1
Chalfont Epileptic Colony, Chalfont St. Peter .. .. .	2	—	2
Maghull Home for Epileptics, Liverpool .. .. .	1	—	1
<i>Others:</i>			
Church Army Home, Newport, Isle of Wight .. .. .	1	—	1
Church Army Home, Bovey Tracey .. .. .	—	1	1
British Council for Welfare of Spastics, Beaconsfield, Hants. .. .. .	—	1	1
National Spastics Society .. .. .	1	2	3
Hampshire Old People's Housing and Welfare Society .. .. .	1	—	1
Royal Naval Benevolent Trust, Chatham, Kent .. .. .	1	—	1
School of Stitchery and Lace, Surrey .. .. .	—	1	1
Enham-Alamein Training Centre .. .. .	1	—	1
Poole Mead Home for Deaf Women, Bath .. .. .	—	1	1
TOTALS .. .. .	18	43	61

TABLE 26—WELFARE OF THE BLIND—REGISTRATION

## Age Periods of Registered Blind Persons

	0—4	5—10	11—15	16—20	21—29	30—39	40—49	50—59	60—64	65—69	70 and over	Totals
Male	—	4	7	10	19	10	25	35	26	22	187	345
Female	3	3	2	—	1	15	12	44	21	50	312	463
Totals	3	7	9	10	20	25	37	79	47	72	499	808

## Age at onset of Blindness

	0—4	5—10	11—15	16—20	21—29	30—39	40—49	50—59	60—64	65—69	70 and over	Unknown	Totals
Male	38	11	11	8	25	28	15	38	27	21	122	1	345
Female	29	7	2	5	9	13	28	61	43	39	226	1	463
Totals	67	18	13	13	34	41	43	99	70	60	350	2	808

## Children, age under 16

	Under 2	2—4 plus				5-15 plus										Totals
		Educable			Ineducable	Educable						Ineducable				
		Attending Nursery Schools including Sunshine Homes	In Other Residential Homes	At Home or Elsewhere		Attending Special Schools for the Blind	Attending Other Schools		Not at School		In Mental Deficiency Institutions		At Home or Elsewhere			
							No Other Defects	With Other Defects	No Other Defects	With Other Defects	No Other Defects	With Other Defects	Blind	With Multiple Defects	Blind	
Male	—	—	—	—	—	4	1	1	—	—	1	—	3	—	1	11
Female	—	—	—	2	1	3	1	—	—	—	1	—	—	—	—	8
Totals	—	—	—	2	1	7	2	1	—	—	2	—	3	—	1	19

## Education, Training and Employment. Age periods, 16 years and upwards

		At School, 16—20														Undergoing Training			Not Employed								Grand Total (i.e. total of columns (d)–(n) and (d)–(n) and At School 16—20)							
		Employed																																
		In work-shops for the Blind (a)		In Home Workers Schemes for the Blind (b)						Otherwise than in (a) or (b) (c)						Total Employed (d)									Unemployed but capable of and available for work—				Not available for work (l)		Not capable of work (m)		Not working (n)	
Male		2	2	1	—	3	2	1	—	—	3	15	7	6	4	4	48	1	1	—	3	2	—	—	15	5	35	17	205	334				
Female		—	—	2	—	5	1	1	—	—	—	2	—	1	—	1	13	—	—	—	—	—	—	—	35	15	25	6	361	455				
Totals		2	2	3	—	8	3	2	—	—	3	17	7	7	4	5	61	1	1	—	3	2	—	—	50	20	60	23	566	789				

## Occupations of Employed Blind Persons (included in Col. (d) above)

	Agents, Collectors, etc.	Agricultural Workers	Basket Workers	Brush Makers	Braille Copyists and Proof Readers	Carpenters and Woodworkers	Clerks and Typists	Dealers, Tea Agents, News-agents, Shopkeepers	Domestic Workers	Factory Operatives (open) (sheltered) Employment	Firewood Workers	Gardeners	Knitters		Labourers	Massage and Physiotherapy	Mat Makers	Musicians and Music Teachers	Newsvendors and Hawkers	Piano Tuners	Netting Makers	Porters, Packers and Cleaners	Poultry Keepers	School Teachers	Telephone Operators	Open Employment other than already Catalogued	Miscellaneous	Totals
Workshops and	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
and Home Schemes	—	—	3	—	—	—	—	—	—	—	—	—	—	—	7	—	1	1	—	1	—	—	—	—	—	—	—	13
at Workers	—	5	4	—	1	—	1	3	1	8	1	—	—	—	2	2	3	—	—	1	1	3	—	1	1	4	1	43
Totals	—	5	8	2	1	—	1	3	1	8	1	—	—	9	2	2	4	1	—	2	1	3	—	1	1	4	1	61

## Physically and Mentally Defective and Mentally Disordered—all ages

Not included in either (a), (b), (c), (d), (e) or (f) combination of																			Totals
<i>Mentally Disordered</i> (a)	<i>Mentally Defective</i> (b)	<i>Physically Defective</i> (c)	<i>Deaf without Speech</i> (d)	<i>Deaf with Speech</i> (e)	<i>Hard of Hearing</i> (f)	<i>Mentally Disordered and Physically Defective</i> (g)	<i>Mentally Disordered and Deaf without Speech</i> (h)	<i>Mentally Disordered and Deaf with Speech</i> (i)	<i>Mentally Disordered and Hard of Hearing</i> (j)	<i>Mentally Defective and Physically Defective</i> (k)	<i>Mentally Defective and Deaf without Speech</i> (l)	<i>Mentally Defective and Deaf with Speech</i> (m)	<i>Mentally Defective and Hard of Hearing</i> (n)	<i>Physically Defective and Deaf without Speech</i> (o)	<i>Physically Defective and Deaf with Speech</i> (p)	<i>Physically Defective and Hard of Hearing</i> (q)	(r)		
1	2	63	1	2	7	—	1	—	3	—	—	—	—	1	—	2	83		
2	2	78	1	8	17	—	—	1	—	—	—	—	—	—	—	5	113		
3	4	141	2	10	24	—	1	1	3	—	—	—	—	1	—	7	196		

## Blind Persons age 16 and upwards (excluding those in Hostels for workers)—resident in

	Residential Accommodation provided under Part III of the 1948 Act, viz.: Section 21		Residential Homes (other than part III)	Mental Hospitals	Mental Deficiency Institutions	Other Hospitals	Totals
	Homes for the Blind	Other Homes					
Male	5	12	1	5	7	10	40
Female	16	15	5	2	2	15	55
Totals	21	27	6	7	9	25	95



Table 26 continued

*Blind Persons Registered as New Cases (excluding recertifications and transfers from other areas) during the year—age at date of registration*

	0-4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70 and over
Male	—	—	—	—	1	—	1	2	6	3	27
Female	—	1	—	—	—	1	1	6	4	10	55
Totals	—	1	—	—	1	1	2	8	10	13	82

*Blind Persons Registered as New Cases (excluding recertifications and transfers from other areas) during the year—age at onset of Blindness*

	0-4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70 and over
Male	—	—	—	—	1	—	2	2	5	4	26
Female	1	—	—	—	—	1	1	8	4	9	54
Totals	1	—	—	—	1	1	3	10	9	13	80

*Number of home Teachers engaged in the area*

	<i>Certificated</i>			<i>Uncertificated</i>			<i>Grand Total</i>
	<i>Sighted</i>	<i>Blind</i>	<i>Total</i>	<i>Sighted</i>	<i>Blind</i>	<i>Total</i>	
Male	—	—	—	—	—	—	—
Female	6	—	6	—	—	—	6
Totals	6	—	6	—	—	—	6

*Miscellaneous Information—Number of*

Social Centres
Handicraft Classes
Special Classes and Socials for the Deaf-Blind
Persons newly employed in open industry during year
Persons discharged from open industry during year
St. Dunstaners

<i>Number of Blind Persons in the employ of Local Authorities.</i>			
	<i>Typists</i>	<i>Telephone Operators</i>	<i>Others</i>
M	—	—	1
F	—	—	1
T	—	—	2

TABLE 27—REGISTRATION OF PARTIALLY SIGHTED PERSONS

	Total Number on Register—Age Groups and Sex								Cases newly registered (excluding recertifications and transfers from other Areas) Age at Date of Registration							
	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Totals	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Totals
Males	—	—	3	2	6	5	9	25	—	—	—	—	3	2	2	7
Females	—	—	1	1	12	11	47	72	—	—	—	—	—	2	6	8
Totals	—	—	4	3	18	16	56	97	—	—	—	—	3	4	8	15

Removals from Register during the year for reasons set out below

	(a) On Admission to Blind Register								(b) On Decertification due to Improved Visual Acuity							
	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Totals	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Totals
Males	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females	—	—	—	—	—	2	5	7	—	—	1	—	—	—	—	1
Totals	—	—	—	—	—	2	5	7	—	—	1	—	—	—	—	1

Class A—Persons Near and Prospectively Blind (age 16 and over)

	Employed					Undergoing Training					Unemployed—Not under Training										Totals—Class A				
											Available for and capable of training or work					Not available for or not capable of work									
	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals
Males	1	1	—	—	2	—	1	—	—	1	—	—	—	—	—	—	—	3	7	10	1	2	3	7	13
Females	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	4	5	39	48	—	4	7	39	50
Totals	1	1	2	—	4	—	1	—	—	1	—	—	—	—	—	—	4	8	46	58	1	6	10	46	63

Class B—Persons mainly Industrially Handicapped (age 16 and over)

	Employed					Undergoing Training					Unemployed—Not under Training										Totals—Class B				
											Available for and capable of training or work					Not available for work									
	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals
Males	—	1	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	1	—	1	—	1	2	—	3
Females	1	2	—	—	3	—	—	—	—	—	—	1	—	1	—	—	2	—	—	2	1	5	—	—	6
Totals	1	3	—	—	4	—	—	—	—	—	—	1	1	—	2	—	2	1	—	3	1	6	2	—	9

	Class C—Persons requiring Observation only (Age 16 and over)					Class D—Children Age 5 and under 16					Children Age 16 and over still at School	Persons Registered under the Disabled Persons (Employment) Act, 1944
	16-20	21-49	50-64	65 and over	Totals	Educable			Ineducable	Totals		
						Attending Special Schools	Attending other Schools	Not at School				
Males	1	3	—	2	6	3	—	—	—	3	—	5
Females	—	3	4	8	15	—	1	—	—	1	—	—
Totals	1	6	4	10	21	3	1	—	—	4	—	5



TABLE 28—NEW HOUSING ACCOMMODATION PROVIDED DURING THE YEAR ENDED 31.12.59  
Summary of Returns made by Rural District Councils under Housing Act, 1957, Section 116

Rural District	New houses erected by Council	Total No. of council houses erected since 1.1.45	New houses erected privately	Total No. of private houses erected since 1.4.45	Council's Housing Programme for the year 1959		No. of families accommodated by Council during the year ended 31.12.59	Total number of applicants (i.e. family units) on Council's list requiring accommodation as on 31.12.59	Difficulties (if any) experienced in connection with:		
					No. of houses	Was this programme completed as scheduled?			Obtaining tenders	Shortage of labour	Shortage of material
Beaminster ..	10	336	8	146	12	No	22	92	Yes	No	No
Blandford ..	8	424	18	235	14	Proceeding as scheduled.	25	131	No	No	No
Bridport ..	12	216	30	268	14	8 in course of erection. 6 taken forward to 1960	27	140	Small firms with limited reserves	Occasionally	Grave shortage of bricks
Dorchester ..	24	519	53	429	18	No	59	307	Yes	No	No
Shaftesbury ..	Nil	423	24	207	Nil	—	49	140	—	—	—
Sherborne	Nil	244	13	95	Nil	—	13	91	—	—	—
Sturminster ..	2	825	8	148	2	Yes	61	95	No	No	No
Wareham and Purbeck ..	16	823	169	812	16	No	41 (excluding transfers)	381 (including 35 'transfer' applications)	No	No	No
Wimborne and Cranborne ..	Nil	789	280	2,027	23	No	46	135	No	No	No
Totals ..	72	4,599	603	4,367	99	—	343	1,512	—	—	—

HOUSING ACT, 1949—THE IMPROVEMENT OF DWELLINGS  
Summary of Progress Reports received from the Rural District Councils in respect of the year ended 31.12.59

	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham and Purbeck	Wimborne and Cranborne
(1) No. of applications received during the year for improvement grants to private persons .. .. .	23	20	20	38	22	19	29	68	58
(2) No. of schemes approved during the year in respect of:—									
(i) Property owned (or to be acquired) by the Council .. .. .	Nil	Nil	1	Nil	Nil	Nil	Nil	2	Nil
No. of dwellings affected .. .. .	Nil	Nil	1	Nil	Nil	Nil	Nil	18	Nil
(ii) Private property .. .. .	22	20	20	38	21	19	28	68	55
No. of dwellings affected .. .. .	25	27	22	55	21	30	32	68	67
(3) Average approved estimated cost of improvement schemes submitted during the year in respect of:—									
(i) Property owned (or to be acquired) by the Council .. .. .	Nil	Nil	£510	Nil	Nil	Nil	Nil	£489	Nil
(ii) Private property .. .. .	£978	£243	£316	£987	£567	£248	£550	£611	£354
(4) Is it considered, in the light of present information, that maximum advantage is being taken in the Council's area of the facilities offered under this Act? .. .. .	—	—	—	—	—	—	—	—	—



HOUSE PURCHASE AND HOUSING ACT, 1959 (PART II)—STANDARD GRANT IMPROVEMENTS  
*Summary of Progress Reports received from the Rural District Councils in respect of the Six Months ended 31.12.59*

	Beaminster	Blandford	Bridport	Dorchester	Shaftes- bury	Sherborne	Stur- minster	Wareham and Purbeck	Wimborne and Cranborne
(1) No. of applications received for standard grants to private persons .. .. .	15	27	30	20	12	1	20	2	31
(2) No. of applications and/or schemes approved in respect of:—									
(i) Property owned (or to be acquired) by the Council	Nil	Nil	Nil	10	Nil	1	Nil	Nil	1
No. of dwellings affected .. .. .	—	—	—	89	—	8	—	—	4
(ii) Private property .. .. .	10	27	28	16	3	1	20	2	29
No. of dwellings affected .. .. .	10	27	28	16	3	1	23	2	29
(3) Average amount of grant per property in respect of:—									
(i) Property owned (or to be acquired) by the Council	—	—	—	Council to receive $\frac{3}{8}$ ths Annual Loan Charges £135	—	£116	—	—	£134
(ii) Private property .. .. .	£124 (av. max. grant approved)	£135	£137		£58	£77	£97 (grants paid in respect of 5 dwell- ings only)	£155	£146 Progress upon stand- ard grants for private property has been dis- appointing. All the Council's houses are now modernised as necessary.
(4) Observations, if any:									

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## BRIDPORT HEALTH CENTRE

Officially opened by the  
Mayor of Bridport,  
Councillor E. P. Lambert, T.D.  
10th November, 1960.

## WIMBORNE MAIN DRAINAGE SCHEME

Sewage treatment plant  
officially opened by the  
Chairman of the  
Wimborne Minster Urban  
District Council  
Dr. E. H. Markby, J.P.,  
5th October, 1960. This  
is part of a half-million  
pound scheme completed  
with the aid of a grant  
from the County Council.

